

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1	NARVAEZ BURCIAGA AARON HERIBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2	CORTEZ QUINTANA AARON HERNAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3	HERNANDEZ GONZALEZ ABIGAEAL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4	JAQUEZ LUGO ADELA ROCIO	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5	BARRERA ARIAS ADILENE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6	NEGRETE JUAREZ ADRIANA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7	VARELA HERNANDEZ ALAN DAVID	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8	MANJARREZ DURAN ABIGAHIL	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9	GONZALEZ CARRASCO ALBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10	LOYA RAMIREZ ADRIANA LIZETH	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11	ACOSTA TERAN ABIGAIL JANETH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12	RODRIGUEZ FLORES ADRIANA MARGARITA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13	HERNANDEZ RUIZ ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14	CARRILLO ISSA ALEJANDRA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15	RANGEL MEJIA ALEJANDRA IVETH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16	DE SANTIAGO GARCIA ADRIANA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17	BEJARANO GUTIERREZ ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18	RODRIGUEZ CASTILLO ALEJANDRA JAZMIN	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19	TREVIZO VELEZ ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20	RUBIO LUCERO ALEJANDRINA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21	DIAZ BECERRA ALEJANDRO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22	GRANADOS OCHOA ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23	CASTAÑEDA TARANGO ADRIAN EDUARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24	AGUIRRE PORTILLO ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25	MEDINA ANTILLON ALAN EDUARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26	FRANCO ESTRADA ALEXANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
27	BELTRAN GONZALEZ ALFONSO RAMON	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
28	VELETA VILLEGAS ALMA CELESTE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
29	JURADO HERNANDEZ AMARIS AIDE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
30	JUAREZ AGUIRRE ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
31	MARQUEZ JACOBO ADRIANA BERENICE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
32	PEREZ CAZARES ADRIANA BERENICE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
33	BISSIO SARMIENTO ANA CRISTINA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
34	DE LA ROSA PIZARRO ALEJANDRA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
35	AMADOR RUIZ ADRIANA VIRGINIA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
36	RIVERA RIOS ADA LIZETH	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
37	MELLENDEZ SIGALA ABRAHAM DE JESUS	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
38	RODRIGUEZ MOLINA ALAN	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
39	MUÑOZ MAGALLANES ADELA IVETTE	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
40	CHAVEZ LUJAN ANGELA KARINA	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
41	MOLINA SILVA ADRIANA OLEYDA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
42	VARELA ESPINOZA ALEJANDRO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
43	LEAL PADILLA ALONDRA REGINA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
44	CARDENAS MURGUIA ALEJANDRO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
45	CORRAL VALENZUELA ADRIANA EMELY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
46	GARCIA GUTIERREZ ALEJANDRO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
47	CARREON CHAVOYA ALAN ADRIAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
48	GUTIERREZ HERNANDEZ ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
49	MARTINEZ SALAS ALEJANDRA PAOLA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
50	ESTRADA MUJICA ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
51	PIÑON MATA ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
52	FLORES HERNANDEZ ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
53	CAMPOS MENDOZA ALMA ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
54	SOTO HOLGUIN ALYER ALAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
55	TORRES MUÑIZ ANA KAREN	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
56	SARDIÑA PEÑA AMADO JAVIER	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
57	SOTO ARELLANES ANA LILIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
58	RAMIREZ BUSTILLOS ANA LILIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
59	MONTELONGO SALCEDO ANA CECILIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
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2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
60	CARRASCO JERONIMO ALDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
61	CARO REALIVAZQUEZ ANA CECILIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
62	PORTILLO VILLALOBOS ANA ISABEL	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
63	FAUDO A FERNANDEZ ANA KAREN	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
64	QUIÑONEZ ESCARCEGA ANA KARINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
65	OLIDEN OLHAGARAY ANGELES YVETTE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
66	CARRION ROMERO ARASAY MARIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
67	VEGA HERNANDEZ ARIANNA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
68	BARAY MILLAN ANA LIZETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
69	GONZALEZ BEJARANO ARMANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
70	CAÑEZ ROMO ARMINDA MARIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
71	GALLEGOS MENDOZA ANDRES EDUARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
72	REYES ARELLANO AYDE BERENICE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
73	GARCIA SAENZ ABEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
74	SETTATI . AYOUB	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
75	ANGEL ORTEGA ABIGAIL	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
76	GRANADOS GUTIERREZ BENNY ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
77	ZAVALA PORTILLO BERNABE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
78	BORUNDA JAQUEZ BERNARDO ALFONSO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
79	PAREDES VERBER BLANCA ARACELI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
80	MUÑOZ MONTOYA ALEJANDRO ARTURO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
81	MENDOZA FIGUEROA BLANCA YESENIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
82	CALDERON AVILA ANGEL ROGELIO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
83	RODRIGUEZ SANDOVAL BRENDA JANETH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
84	NUÑEZ CHAVEZ ANGELICA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
85	ORDOÑEZ PEÑA BRENDA VIVIANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
86	BERNAL BALDENEBRO BRIAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
87	SALINAS TORRES ARACELY YAZMIN	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
88	CABELLO CASTAÑEDA CARLA ANGELICA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
89	LUNA PRECIADO ABRAHAM GUADALUPE	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
90	VALLES JAQUEZ CESAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
91	VALLES MARRUFO AKHAAR	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
92	BALLESTEROS ESTRADA CINTHIA ALEXANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
93	TORRES BEJARANO ARELY YAZMITH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
94	GARCIA BURROLA ADRIAN ALEJANDRO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

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1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
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UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
95	BARRERA CISNEROS ABRIL CRISTINA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
96	SANDOVAL GARCIA CLAUDIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
97	CORDOVA SOTO CLAUDIA BEATRIZ	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
98	ERIVES SEPULVEDA CONNIE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
99	FERNANDEZ DE HARO ARGELIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
100	MEDINA HERNANDEZ CRISTOPHER ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
101	PALAZUELOS ONTIVEROS ALICIA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
102	GONZALEZ LLACA ARMANDO ESTEBAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
103	CATALANO CASTILLO ALISHA EVANGELINA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
104	PEREZ FLORES AXEL IVAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
105	CHAVEZ CANALES CRYSTAL VIVIANA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
106	GRAJEDA HERNANDEZ ADRIANA AIDA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
107	PEREZ LOPEZ BRENDA BARTOLA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
108	HERNANDEZ PEREZ DAMARIS	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
109	MADRID GARCIA BRENDA LIZBETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
110	BACA APONTE CARLA GERALDINE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
111	ACOSTA LARA DANIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
112	CARRASCO GUERRA DANIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
113	RICO CAMACHO DANIEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
114	RUELAS MONTOYA DANIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
115	ACOSTA RAMIREZ AMALINALLI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
116	COLORADO GAYTAN DANIELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
117	RIVERA BAÑUELOS ADAN ROBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
118	ALVARADO GUTIERREZ DANYA VICTORIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
119	MOLINAR VALLADARES ALBERTO AURELIANO	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
120	VELAZQUEZ RUIZ AARON LEONARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
121	BARRON ALARCON DARIO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
122	GONZALEZ MAGOS CARLOS ALBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
123	GARDEA BORUNDA CARLOS ALBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
124	GONZALEZ TORRES CASTULO BRAULIO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
125	ACEVES ALMEIDA CELINA ALMENDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
126	GONZALEZ LECHUGA ADRIANA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
127	GARCIA GRAJEDA DAVID	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
128	GONZALEZ LECHUGA DAVID	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
129	ALTAMIRANO HERMOSILLO ANA GABRIELA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
130	FERNANDEZ BARRAZA DENISSE ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
131	LUNA BANDA DIEGO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
132	VALDEZ JIMENEZ ALICIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
133	GONZALEZ ALCANTARA CESAR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
134	DE HARO PORRAS DINA ARACELY	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
135	RAYGOZA ALVAREZ DULCE IRENE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
136	LEVARIO GOMEZ ANAHI	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
137	GONZALEZ ROSAS AARON ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
138	ADAME LIZARRAGA ABDIEL ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
139	BLANCO LOPEZ EDGAR ANDRES	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
140	GINER RODRIGUEZ CESAR ALFREDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
141	DE LARA GALLEGOS EDGAR OMAR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
142	GOMEZ PUENTE CESAR EDUARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
143	RODRIGUEZ HERNANDEZ EDITH ROSARIO	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
144	JAQUEZ QUINTANA EDNA GUADALUPE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
145	SAENZPARDO TORRES CESIA ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
146	SAENZ HOLGUIN CINTYA ESTEPHANIE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
147	GARDEA HERNANDEZ EDUARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
148	NUÑEZ DELGADO EFREN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
149	CORRAL CHAVEZ ANA GABRIELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
150	LEGARRETA MIRANDA CLAUDIA KARINA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
151	CONCHA FLORES ELOISA GABRIELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
152	DIAZ PRIETO ELOY IVAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
153	PINELA PINELA ELVIRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
154	SALAS RIOS EMILIO ALBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
155	MARTINEZ MENDEZ ABRIL ELENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
156	ORTIZ ORRANTIA EMMANUEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
157	GALAVIZ CRUZ BEATRIZ IRENE	56	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
158	CERROS PORTILLO AARON ESTEBAN	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
159	MENDOZA GONZALEZ EMMANUEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
160	MARTINEZ VEGA ENRIQUE DANIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
161	ONTIVEROS GARIBAY ALEJANDRO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
162	ORENDAIN SANCHEZ ERICK FERNANDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
163	FRANCO RUIZ CRISTINA YESSENIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
164	TABIO GARCIA DANGER	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
165	MIRAMONTES BUIZA ALFONSO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
166	CORRAL VILLALOBOS ADALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
167	NOE CAMPOS ERIKA ALEXANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
168	PRADO TREJO ADRIANA EVELIN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
169	SAENZ MARQUEZ ANTONIO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
170	MENDIAS OLIVAS DANIEL ARMANDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
171	CALZADILLAS GARCIA ESTEFANIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
172	FERNANDEZ CELIS ESTHER	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
173	RAMOS LEON ADRIANA ALEJANDRA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
174	AGUILAR CHAVEZ FELIPE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
175	ACOSTA SANCHEZ FERNANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
176	HIGUERA AGUILAR FERNANDO ANTONIO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
177	ENRIQUEZ GUILLEN BERNARDO OCTAVIO	54	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
178	ANCHONDO DEL VILLAR DAVID	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
179	ANCHONDO AGUIRRE ANA LUISA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
180	ROSALES VALENZUELA ANA ISABEL	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
181	MENDOZA BONILLA ANAYS	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
182	TORRES CORRAL ANA LAURA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
183	GARCIA SALAS DAVID EDUARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
184	MIER CALDERON ANA ISABEL	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
185	RODRIGUEZ CHAVEZ DAVID FERNANDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
186	RODRIGUEZ HERRERA ADRIEL RAMSES	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
187	MOLINA CHAVEZ ALAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
188	CAÑAS URIAS ALAN FERNANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
189	MORALES LOERA FRANCISCO JAVIER	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
190	GARCIA MIRANDA FRANCISCO JAVIER	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
191	VILLEGAS BACA AARON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
192	CHACON VELAZQUEZ ALAN LEONARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
193	MEZA PEREZ ALBA EDITH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
194	DIAZ AVALOS ALDO JOAQUIN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
195	GOMEZ SALDAÑA DEBANHI YAZMIN	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
196	MEDINA DELGADO GABRIELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
197	SALAZAR RAMOS GABRIELA ORALIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
198	VILLEGAS MURO ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
199	OCHOA FAUDOA GEORGINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
200	MIRANDA CONTRERAS ABDIEL NOE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
201	CONTRERAS LOPEZ GERMAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
202	PERALTA QUIÑONEZ ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
203	MORA CARRIZALES GIOVANA XIMENA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
204	SANCHEZ MINCHACA ALEJANDRO AMADOR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
205	PRADO ORTEGA ALEJANDRO JAIME	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
206	MARTINEZ ORTIZ ALESI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
207	MARQUEZ CORDOVA ANDREA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
208	ALVAREZ RAMOS ABIGAIL	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
209	FLORES HOLGUIN ALEXANDRA	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
210	CHAVEZ MARQUEZ ALEXIS AARON	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
211	NAVA IBARRA ALFREDO	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
212	GANDARA GONZALEZ ALICIA ALEJANDRA	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
213	LOPEZ RUBIO ABEL GERARDO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
214	SOSA PADRON ALIETY	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
215	BURCIAGA BARRERA ALIX ALEJANDRA	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
216	CHAVEZ HERNANDEZ ANA CRISTINA	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
217	BARRAZA CASTILLO ANA KAREN	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
218	HERNANDEZ JAUREGUI ANA VICTORIA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
219	HERNANDEZ CEDARIO ANDRES ANTONIO	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
220	RODRIGUEZ SIFUENTES DELIA NOHEMY	30 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
221	FRIESSEN MARTENS ABRAHAM	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
222	ALTAMIRANO CONTRERAS ANGEL ADRIAN	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
223	GUZMAN RODRIGUEZ ANGEL ANDRES	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
224	HERNANDEZ CHACON GUADALUPE	30 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
225	ARTEAGA ACOSTA ABRIL ABIGAIL	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
226	RUIZ PORTILLO HECTOR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
227	ELORREAGA TERRAZAS ANGELICA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
228	SERAFIN LOPEZ ANGELICA LUCERO	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
229	GUERRA SANCHEZ ANIBAL RICARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
230	GUZMAN CHAVARRIA ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
231	HERNANDEZ MORENO ANTONIO DE JESUS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
232	AGUERO DE LA ROSA BRENDA STEFANY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
233	UBARIO RUIZ BRIANDA PAOLA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
234	BACA ANGUIANO CARELI CRISTELL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
235	PORRAS BARRON HECTOR ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
236	CARAVEO CABRERA ANGEL RAFAEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
237	MURILLO GURROLA CARLOS FEDERICO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
238	GONZALEZ VILLA CARLOS IVAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
239	PORRAS GARCIA HECTOR ARTURO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
240	MEJIA ROSALES CESAR GEOVANNI	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
241	RAMIREZ CARMONA HECTOR MANUEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
242	GAYTAN MEDINA CESAR MANUEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
243	MACIAS OJEDA CHRISTIAN GIOVANNI	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
244	HERRERA FRIAS CINTHIA NAYELI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
245	HERNANDEZ FLORES HECTOR RAUL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
246	HERNANDEZ RAMIREZ CLAUDIA JOHANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
247	ARANDA GONZALEZ ADRIAN ALI	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
248	HERNANDEZ CASTILLO CLAUDIA LUCIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
249	VILLANUEVA LICONA HUGO ALFONSO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
250	GARCIA MORALES ADAN FRANCISCO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
251	ARRIAGA PONCE CLAUDIA SUSANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
252	CHAVIRA SIFUENTES CRISTAL ADRIANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
253	LOPEZ SANCHEZ CRISTIAN EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
254	BURROLA LOPEZ CRISTINA DANIELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
255	VELA MENDIAS HUGO GILBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
256	DOMINGUEZ RAMIREZ HUMBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
257	GUERRERO RUIZ CRISTINA ISABEL	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
258	ALVARADO RUIZ CYNTHIA DANIELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
259	HERAS ANDAZOLA DAISY TRINIDAD	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
260	VALENZUELA BECERRA DANIEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
261	TOVAR ORTIZ DANIEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
262	RODRIGUEZ LOZANO DANIEL FERNANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
263	GONZALEZ VAZQUEZ DANIGSA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
264	WEST GONZALEZ DANNIELL GLORIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
265	GUTIERREZ ANDRADE DAPHNE IDANELLY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
266	ROMERO PEREZ DAVID ADRIAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
267	GARCIA TREJO ADRIANA JAQUELINE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
268	PORTILLO SANCHEZ DAVID ARTURO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
269	ORTIZ GAYTAN DAVID OMAR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
270	OLIVAS MURO DIANA CRISTINA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
271	JACOBO MONTOYA DIANA SARAH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
272	HUERTA CRUZ DIEGO ESTEBAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
273	GONZALEZ MONTOYA DIVIA IDALY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
274	DURAN CISNEROS DULCE DARIANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
275	ESPINOZA CENICEROS DULCE LAURA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
276	BENAVIDES ALARCON EDGAR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
277	GARCIA RAMIREZ EDGAR MISSAEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
278	MEDIANO CARRILLO EDITH SELENE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
279	PONCE VILLARREAL ELIZABETH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
280	NUÑEZ GUTIERREZ ABRAHAM	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
281	NUÑEZ DE LA VEGA EMMA ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
282	BOCANEGRA LOZOYA IMAN GABRIELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
283	MORALES TREJO INDIRA ANDREA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
284	MARBAN MORALES IRVING AARON	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
285	MARQUEZ SIERRA EMMANUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
286	MILLAN HERRERA ERICK ANDRES	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
287	DELGADO LUJAN ANA MARCELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
288	MEDINA LEVARIO ADAN ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
289	APONTE DE LA ROSA IRVING ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
290	CHAVEZ BACA ERICK ELIAS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
291	ARIZMENDI ACOSTA IVAN YARISSE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
292	HERNANDEZ GARCIA ERICK RICARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
293	GUTIERREZ LOERA ERIK ORLANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
294	RODRIGUEZ LOPEZ ERIKA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
295	NEVAREZ SALAS ERIKA MELISA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
296	BELTRAN TAFOYA ESTEBAN EDUARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
297	RONQUILLO FRANCO ALAN ROBERTO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
298	LOERA MORALES DELSY PATRICIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
299	HERNANDEZ MIRAMONTES DENISSE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
300	POPOCA FEHR EWALDO AELOHIM	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
301	CHAPARRO PIÑON DIANA ESTHER	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
302	RODRIGUEZ PARRA ALBA ROCIO	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
303	RIOS GARCIA EZEQUIEL OMAR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
304	SOTO CARDENAS FABIAN ANDRES	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
305	DELGADO CHACON FATIMA AZUCENA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
306	RUIZ VEGA FERNANDA MICHELLE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
307	RAMIREZ MACIAS FERNANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
308	FLORES OLIVARES FERNANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
309	SOTO MADERA FLOR HAYDEE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
310	VILLALOBOS VELAZQUEZ JAIME DANIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
311	MARTINEZ CALDERON JAIME GERARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
312	VILLALOBOS ROMERO GABRIEL EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
313	ISRAEL OROZCO GABRIEL IVAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
314	PEÑA NEVAREZ GABRIELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
315	GONZALEZ HERNANDEZ JANETH LILIANA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
316	SOLIS MUÑOZ GABY DEJANIRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
317	TORRES RANGEL DIDIA ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
318	FLORES GARCIA ANA PAULINA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
319	NEVAREZ ZAPATA GERARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
320	PIZAÑA GARCIA ANNA KARINA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
321	ESPARZA MORALES ALFONSO	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
322	SOLIZ CORONADO GILDO ESDRAS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
323	MONARREZ VALLES GIZHEL VALERIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
324	TELLO ATONDO ALAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
325	RAMIREZ BENCOMO ANAELI SUSETH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
326	VAZQUEZ ORTIZ JAQUELINE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
327	GALINDO ARMENDARIZ ADAN ULISES	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
328	VENZOR GONZALEZ ARTURO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
329	BURCIAGA VALDEZ JAVIER ADOLFO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
330	GONZALEZ GARCIA GRACIELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
331	TREVIZO PEREZ JAVIER ALFREDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
332	PROAÑO RABAGO GRECIA TANAIRI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
333	TERAN VILLANUEVA JAVIER IVAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
334	BENAVIDES DE LA CRUZ ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
335	CASTILLO VILLEGAS BERTHA ALICIA	54	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
336	GARCIA RUIZ ALFREDO	50	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
337	RODARTE SEGURA GUSTAVO ROBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
338	GONZALEZ SALAS JAZMIN ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
339	CHAVEZ RIOS HECTOR ANTONIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
340	BARRAGAN CASTREJON HECTOR ELIAS	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
341	LOPEZ LOPEZ ANAHI SOYELI	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
342	AZUARA PONCE ARMANDO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
343	HERNANDEZ RIVERA JESSICA LIZBETH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
344	LOERA GARCIA CATALINO	67	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
345	RODRIGUEZ TREJO SERGIO ALFONSO	61	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
346	DE LA GARZA GUTIERREZ MARIA OFELIA	63	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
347	LARA ACOSTA JUAN	63	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
348	CERVANTES SANCHEZ CARLOS ROBERTO	55	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
349	ZAPATA HOLGUIN CARMEN ROSA	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
350	HOLGUIN MORALES CATALINA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
351	GUTIERREZ LIMAS CECILIA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
352	NEVAREZ BORUNDA PATRICIA IRENE	64	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
353	ANDRADE MORENO DORA ALICIA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
354	MADERA SAENZ DORA ELENA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
355	MAYORGA ESPERO ELIDA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
356	HERNANDEZ ORDOÑEZ ELIZABETH	57	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
357	AGUIRRE GONZALEZ ALMA ROSA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
358	TREVIÑO RIZO ELVA ALICIA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
359	NERI MORALES AMALIA	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
360	RASCON ALMODOVAR ANA GABRIELA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
361	MARTA CORRAL ANA LILIA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
362	PEREZ ZAMORANO ELVIRA	59	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
363	HINOJOS PEREZ ANA LILIA	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
364	VALVERDE GUZMAN ANGELICA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
365	MACIAS ARIAS ANGELICA MARIA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
366	CHONG LOPEZ ARMANDO ASDRUBAL	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
367	PIÑON MEDINA BERTHA AMALIA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
368	AYALA PEREZ BERTHA CRISTINA	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
369	NAJERA SAENZ BLANCA ARACELI	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
370	AGUIRRE SAENZ ADRIANA YANETH	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
371	TORRES PEREGRINO BLANCA FLOR	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
372	DAMAS PONCE AIDE GABRIELA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
373	DE LA REE MORALES CARLOS EDUARDO	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
374	TOVAR GOMEZ CAROLINA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
375	JAIME GOMEZ CESAR ARMANDO	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
376	PONCE RODRIGUEZ CLAUDIA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
377	VENEGAS RAMIREZ CLAUDIA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
378	GARCIA GRIEGO CLAUDIA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
379	SALAZAR PEÑA CLAUDIA ESTELA	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
380	PEÑA DOZAL CLAUDIA GABRIELA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
381	RODRIGUEZ . CLAUDIA LORENZA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
382	DIAZ HERNANDEZ ALFA TATIANA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
383	ALEJO ROMERO EMMANUEL	55	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
384	HERNANDEZ ARZATE CORINA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
385	CORREA MOSQUERA DEICY	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
386	CHONG SANTIAGO EDGAR AMADO	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
387	ALARCON GONZALEZ ALI	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
388	GARCIA VALERIO ANA LAURA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
389	CORRAL ORTA ANA LILIA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
390	HERNANDEZ GONZALEZ EDITH JULIETA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
391	OLIVAS IRIGOYEN ELENA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
392	RIVAS ORDAZ ELIZABETH	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
393	LEGORRETA HERNANDEZ FERNANDO	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
394	DE LA PAZ LABRADO ANA VELIA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
395	GARIBI HARPER CABRAL ANA VERONICA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
396	VALDEZ CASTRO ARTURO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
397	SOLARES GUEVARA ARTURO DANIEL	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
398	MANRIQUEZ TRISTAN ATENEA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
399	RODRIGUEZ VARELA BEATRIZ ADRIANA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
400	BARRIGA MORA BENJAMIN	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
401	RUIZ ALVAREZ ELSA MARGARITA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
402	ENRIQUEZ MARQUEZ BERTHA BERENICE	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
403	ORTIZ RODRIGUEZ ALBERTO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
404	MARTINEZ HERNANDEZ BRENDA BEATRIZ MARGARITA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
405	CONTRERAS FLORES BRENDA OFELIA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
406	ARTEAGA MORALES CARLOS	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
407	REYES RUIZ CARLOS ADRIAN	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
408	CALDERON ROMERO CARLOS EDUARDO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
409	MORALES PIÑON CECILIA GUADALUPE	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
410	JUAREZ VAZQUEZ CESAR	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
411	AGUIRRE GALLEGOS CINDY	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
412	RAMOS RIVERA CLAUDIA CRISTINA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
413	GUZMAN MEZA CLAUDIA VERONICA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
414	PRADO DIAZ CONSUELO ELVIRA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
415	NERI NUÑEZ CUAUHEMOC	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
416	VEGA RODRIGUEZ ELVIRA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
417	BARRON MICHEL DANIEL	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
418	RAMOS FLORES DANIEL ALBERTO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
419	MARTINEZ DOMINGUEZ DANIEL RICARDO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
420	GUTIERREZ ANAYA DAVID HIRAM	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
421	CALDERON GUTIERREZ FLABIO RAMON	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
422	ORONA ESCAPITE ALEJANDRA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
423	ARMENDARIZ MOLINA DHABI YAMANI	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
424	GARCIA . ELBERTH MIGUEL	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
425	AYALA HERRERA ELENA ROCIO	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
426	RIOS SOTO ENRIQUE	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
427	GARCIA BENCOMO ALEJANDRO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
428	ZAPATA SOTO ERIKA OLEIDA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
429	HINOJOS AVILES ERNESTO JAVIER	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
430	LIRA HERRERA ESMERALDA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
431	NUÑEZ FLORES ESTHER YADIRA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
432	KONG VARGAS ENRIQUE	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
433	ORTEGA DE LA CRUZ FABIOLA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
434	MUÑOZ MARQUEZ EZEQUIEL	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
435	BERNAL SALAMANCA ALEJANDRO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
436	MARTINEZ QUIROGA ALEJANDRO RENE	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
437	LOPEZ RODRIGUEZ ALFONSO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
438	VALDES GARCIA ALFONSO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
439	VALENZUELA JURADO FELIPE	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
440	SOLORZANO MARTIN DEL CAMPO FERNANDO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
441	ALDAZ GUZMAN FERNANDO EMMANUEL	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
442	PEINADO FLORES GABRIEL IGNACIO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
443	AVIÑA QUEZADA ALICIA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
444	RODRIGUEZ GILL ALICIA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
445	QUEZADA DE LA CRUZ ALLAN CHRISTIAN	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
446	PERALES RODRIGUEZ ANA BERENICE	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
447	PEREZ JIMENEZ ANA CELIA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
448	GUERRA RODRIGUEZ ANA LUISA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
449	FIERRO SERNA ANA MARIA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
450	FONTES GUZMAN ANABEL	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
451	GONZALEZ ANDRADE ANGELICA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
452	ESPINOZA DOMINGUEZ ANGELICA MARIA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
453	ALARCON VAZQUEZ ANIBAL ERUBEY	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
454	FLORES FLORES ANTONIO SALVADOR	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
455	RAMIREZ TORRES ARLENA ALEJANDRA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
456	ALVAREZ JAIME ARMANDO ALONSO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
457	MARIN VIRAMONTES ARTURO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
458	OROZCO AISPURO AURORA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
459	MORENO ESTRADA BEATRIZ	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
460	SALAS ESTRADA GABRIELA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
461	MARTINEZ MENDEZ BENJAMIN	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
462	CARRAZCO BUSTILLOS BLANCA ELIZABET	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
463	TURRIZA AHUMADA BLANCA ESTHELA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
464	CAMPOS GARCIA BRENDA ALICIA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
465	ZAPATA VILLANUEVA ARMANDO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
466	MONDACA FERNANDEZ FERNANDO	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
467	TREVIZO RUIZ BRENDA ERIKA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
468	SIDAS MONTES BRENDA IVETH	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
469	FAVELA PRIETO BRENDA MELIZA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
470	FLORES SILVA GEORGINA ANDREA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
471	UGALDE VILLAVICENCIO BRENDA NATALIA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
472	MORENO MACIAS CARLOS ISAAC	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
473	ORTEGA BECERRA CARLOS ROBERTO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
474	GONZALES DIAZ CELSO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
475	VALDEZ VALLES CESAR ALEJANDRO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
476	CASTILLO VILLA CESAR HUMBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
477	BOLIVAR ESPINOZA CLAUDIA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
478	PARRA CORRALES CLAUDIA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
479	GUTIERREZ FERNANDEZ ANGELICA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
480	GONZALEZ IBARRA CLAUDIA IVETTE	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
481	MUÑOZ GARCIA CLAUDIA JANETH	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
482	MALDONADO MIRAMONTES CLAUDIA LYDIA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
483	ESQUIVEL RODRIGUEZ CLAUDIA MONICA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
484	FLORES SAENZ ARMANDO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
485	GRANADOS FERNANDEZ CRISTIAN IVAN	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
486	ALONZO ESPARZA CRISTINA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
487	GOMEZ SALAZAR CYNTHIA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
488	ESPINOZA BAEZA CYNTHIA LILIANA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
489	GOMEZ GOMEZ DAFNE AHMID	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
490	ESCUADERO ALMANZA DALILA JACQUELINE	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
491	ACOSTA SLANE DAMARIS	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
492	PRADO LOYA DANIELA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
493	GARCIA ANCHONDO DAVID	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
494	SOTO MARTINEZ DENISSE GABRIELA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
495	JACQUEZ NAJERA BERNARDO SAIT	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
496	RUBIO GARCES DIANA BERENICE	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
497	BERNABE MALDONADO ANGIE PAOLA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
498	SANDOVAL HERNANDEZ FERNANDO RENE	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
499	REYNA NAJERA DIANA NALLELI	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
500	GUEVARA TORRES CARLA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
501	CHAVEZ CAMPOS CARLOS	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
502	RAMIREZ MENDOZA CARLOS MAURICIO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
503	MALDONADO VARGAS EDGAR ADRIAN	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
504	NUÑEZ ARZABALA EDGAR ARTURO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
505	MORALES RODRIGUEZ EDUARDO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
506	HERNANDEZ RUIZ EDUARDO ARTURO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
507	OLVERA GONZALEZ EDUARDO JAVIER	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
508	LOPEZ ESCOBEDO CARLOS MICHAEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
509	MARTINEZ SOTO CLAUDIA ELIZABETH	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
510	CASTILLO MURILLO ARTURO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
511	PALACIOS MUÑOZ CLAUDIA IVONNE	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
512	RAMOS GUTIERREZ EFRAIN	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
513	FLORES PEREZ CONSTANZA DONAHI	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
514	ARMENDARIZ IZAGUIRRE EIRA MERCEDES	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
515	HERNANDEZ BAEZA ANTONIO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
516	RUIZ DE LUNA DANIEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
517	VALENZUELA ROBLES DAVID ALEJANDRO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
518	CORONA GONZALEZ EMMANUEL	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
519	CHAVEZ RAMIREZ DENISSE RAMONA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
520	JOYA RAMIREZ FRANCISCO	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
521	ZUÑIGA TORRES EMMANUEL	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
522	LOZANO RODRIGUEZ DIANA ELENA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
523	SALVADOR DELGADO EMMANUEL CHRISTIAN	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
524	HERNANDEZ CANO ENRIQUE MANUEL	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
525	MALDONADO REALIVAZQUEZ DIANA SARAI	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
526	MARTINEZ ANCHONDO ERENDIRA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
527	LUJAN MORALES ERICK MIGUEL	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
528	RODRIGUEZ CHACON EFRAIN	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
529	PRIETO LARREA ERICK RENE	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
530	DOMINGUEZ RAMIREZ ARGELIA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
531	LEYVA GUTIERREZ ERIKA MARINA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
532	ORTIZ SIDRIAN CARLOS IVAN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
533	BALDERAS DE LA CRUZ GERARDO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
534	CONTRERAS GODINEZ CLAUDIA ALICIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
535	TORRES CAMPOS ERIK HUMBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
536	RAMIREZ VEGA CLAUDIA ISABEL	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
537	GARCIA GALAVIZ DAMARIS JULIETA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
538	VALENCIA QUINTERO EUSTACIA ISABEL	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
539	IBARRA RAMOS EVER	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
540	VILLA DIAZ DAN ISMAEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
541	GARCIA ORTEGA DANIEL ALEJANDRO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
542	PALOMINO PEREA DANIELA IRASEMA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
543	MEDINA FELIX DAVID RAUL	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
544	CASTRO RAMOS ERIKA GABRIELA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
545	PRIETO JASPEADO DOLORES	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
546	SORIA POLANCO GUILLERMO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
547	TAFOYA CRUZ ERNESTO JESUS	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
548	CASTRO ELENES GERARDO ARNULFO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
549	MONTOYA ESTRADA HECTOR MARIO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
550	SOTO CAMARGO ERYX IRENE	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
551	FONTES PALMA ISMAEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
552	LONGORIA PARRA EDGAR BENIGNO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
553	ACOSTA GUTIERREZ JAIME ENRIQUE	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
554	GONZALEZ CABRERA FRANCISCO ALBERTO	50	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
555	TREVIZO MENDOZA GERARDO ERNESTO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
556	ENRIQUEZ ESCARCEGA EDGAR DANIEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
557	CANO VILLALOBOS EDUARDO ALEJANDRO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
558	AMADOR SAMANIEGO ENRIQUE	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
559	ESQUIVEL TREJO GILBERTO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
560	OLIVAS ESTRADA ESAU	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
561	LOPEZ VARGAS HECTOR MANUEL	55	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
562	VILLA GOMEZ JAVIER	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
563	BALLESTEROS ARMENDARIZ EVA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
564	NAVARRO MARTINEZ FABIAN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
565	DELGADO MARTINEZ FABIOLA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
566	COTA HERNANDEZ EUNICE ESTHER	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
567	PARRA TORRES EUSTORGIO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
568	CASTRO CANALES IRACEMA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
569	DE LUNA ELORSA FELIPE EDUARDO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
570	PARGA SISTOS AZALIA GRISELDA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
571	RUIZ TERRAZAS FRANCISCO JAVIER	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
572	MARTINEZ PONCE CANDIDA OLIMPIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
573	MEZA SAENZ GUADALUPE ADELA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
574	CORPUS VIZCAINO CARLA IVETTE	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
575	RIVERA ESTRADA CARLOS ALEJANDRO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
576	MENDOZA GARCIA CARLOS DAVID	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
577	TENORIO NARANJO CARLOS FERNANDO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
578	MACIAS AGUILAR CARLOS HUMBERTO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
579	MOLINA BENCOMO CESAR	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
580	QUINTANA ROMERO CESAR ALAN	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
581	GRADO FAUDO CESAREO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
582	LUNA GARCIA JESSICA ODET	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
583	NAVARRETE ELIZALDE DANIEL	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
584	MENDOZA JAVALERA HAYDE YADIRA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
585	DUARTE SALAS EYKO VANAY	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
586	DE LA ROCHA FRANCO IGNACIO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
587	ESTRADA VAZQUEZ DANIEL RENE	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
588	GOMEZ FERNANDEZ IRVING FERNANDO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
589	GONZALEZ SOTO JESUS ALBERTO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
590	MORENO GONZALEZ JANETTE GUADALUPE	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
591	GONZALEZ GONZALEZ JAVIER OMAR	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
592	VILLA DE LA RIVA DIEGO ALBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
593	CASTAÑEDA OCHOA DAVID	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
594	GARCIA CARREJO GILDA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
595	ESPINO RODRIGUEZ DIANA YADIRA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
596	CHACON FERRA EFRAIN ARTURO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
597	GALLARDO MARTINEZ EMMANUEL GUADALUPE	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
598	ARMENDARIZ SOLIS FABIOLA MARIA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
599	RODRIGUEZ NEVAREZ GLADYS	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
600	CASTRO ENRIQUEZ FERNANDO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
601	TORRES PRIETO ENRIQUE	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
602	FRANCO DIAZ GLORIA ALICIA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
603	CARO CARO ERANDI NASYELI	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
604	BAEZ ARAUJO ERIKA LORETO	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
605	ESTRADA LOZANO BEATRIZ	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
606	PONCE MENDEZ JESUS NOE	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
607	SAENZ ESTRADA FERNANDO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
608	PARRA AGUIRRE ERNESTO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
609	MARTINEZ RODRIGUEZ JESUS DAVID	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
610	ZUBIA ACOSTA BLANCA MARIA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
611	YAÑEZ ALVAREZ FLOR MARIA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
612	SAENZ VALLES FABIANA ELENA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
613	SANCHEZ ARZAGA FATIMA ALEJANDRA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
614	PALACIOS RAMOS ARIEL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
615	MICHEL MORENO BRAULIO ISIDRO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
616	LOPEZ DE LEON IRMA YOLANDA	53	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
617	DE LA ROSA ARGUMEDO BRENDA LILIANA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
618	LOPEZ QUIÑONES CARLOS JESUS	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
619	HERRERA CELIS CARMEN ANGELICA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
620	PALOMINO VARGAS CARMEN ARACELY	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
621	QUEZADA OCHOA JOEL HERMINIO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
622	NAJERA DOMINGUEZ CAROLINA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
623	MORALES CORRAL ARTURO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
624	DE LA GARZA BAYON FLORA LUCIA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
625	FLORES CASAVANTES CASSANDRA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
626	ROBLES DE LA FUENTE CESAR OMAR	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
627	ORTEGA MARTINEZ CLAUDIA KARINA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
628	MOMACA VILLALOBOS CLAUDIA LORENA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
629	VENZOR CANO GABRIELA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
630	CHAVEZ CAMPOS JORGE IVAN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
631	DOMINGUEZ CRUZ JOSE ANTONIO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
632	CASTRO GONZALEZ FRINE ALEJANDRA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
633	ARMENDARIZ MUÑOZ CORAL	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
634	MUNDO CISNEROS DANIEL ALBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
635	PERALTA HERNANDEZ GERMAN	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
636	VILLARREAL RODRIGUEZ DANIEL RICARDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
637	FLORES GAXIOLA DANIELA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
638	VEGA IBARRA DANNIEL ALONZO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
639	DE LA TORRE ROA DAVID	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
640	PIÑÓN CONTRERAS DAVID ABRAHAM	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
641	PEREZ JUAREZ JOSE ANGEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
642	LEYVA JURADO MARIA ESTELA	64	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
643	VENEGAS GUADARRAMA JOSE ARTURO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
644	MEJIA SEPULVEDA DAVID JESUS	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
645	ARAMBULA ALBA DIANA YIRERY	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
646	ONTIVEROS IBARRA DORA LIZETH	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
647	BACAR TALLEDOS GIBRAN JESUS	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
648	LUNA MURGA JOSE JAMIR	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
649	HERNANDEZ SOTO EBER	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
650	LOYA CASTILLO EDDER FRANCISCO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
651	BACA RODRIGUEZ GRISELDA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
652	MORALES MEZA JESSICA LORENA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
653	MENDEZ VAZQUEZ GLORIA ALICIA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
654	PALMA CRUZ BEATRIZ	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
655	RAMIREZ FLORES EDITH ANGELICA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
656	LASTRA MEDINA GONZALO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
657	ESCOBAR RAMIREZ GREGORIO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
658	GARCIA GARCIA EDUARDO ALEJANDRO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
659	REYES CORDERO GRETA CRISTINA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
660	GUILLEN NAVARRO JOSELYN FLORENCIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
661	RAMIREZ MONARREZ ELIA ELIZABETH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
662	MONTES LARA ENRIQUE	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
663	CASTRO VELEZ ESMERALDA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
664	HERRERA HERNANDEZ GUSTAVO ALFONSO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
665	MALDONADO RAMIREZ BELEN ALEJANDRINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
666	CHAVEZ DOZAL JUAN ANDRES	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
667	MARTINEZ ROCHA GUADALUPE	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
668	BURCIAGA CABALLERO GUADALUPE	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
669	MONTELONGO FLORES EVER RENE	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
670	RUACHO MENDOZA EYNA ARELY	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
671	ACOSTA MALDONADO FELIPE ALBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
672	GUEVARA VILLAZON FERNANDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
673	DELGADO DUARTE BIANCA DINORAH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
674	ACOSTA SALMON BLANCA SISLAIN	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
675	CASTILLO VALLES BLAS MIGUEL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
676	CAMACHO GARCIA CARLOS ADOLFO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
677	FLORES ESTRADA CARLOS ALFREDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
678	MARTINEZ MEDRANO CARLOS RAMIRO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
679	RIVERA GALVAN CATALINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
680	VILLEGAS BALDERRAMA CINTHIA VERONICA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
681	DELGADO TORRES CINTHYA HAIDE	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
682	GUADERRAMA MURILLO GUADALUPE ISELA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
683	ANDUJO CARRANZA CLAUDIA CAROLINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
684	REYNA OROZCO FLOR NAYELI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
685	MENDOZA ROMERO DAVID HUMBERTO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
686	JAQUEZ RODRIGUEZ DIANA PAMELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
687	FERNANDEZ JESUS GLORIA YAMILETH	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
688	VAZQUEZ GONZALEZ HEBER ALEJANDRO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
689	CARRILLO GARAY DIEGO IVAN	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
690	CASTRO RAMOS EDGAR ADRIAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
691	LUEVANO CONTRERAS EDGAR ALEJANDRO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
692	RIOS NUÑEZ EDUARDO ANDRES	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
693	RODRIGUEZ CERVANTES EDWIN JULIAN	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
694	MADRID LUJAN EDWYNN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
695	LOPEZ MORENO ELVA ADRIANA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
696	DURAN ALCANTAR DORA LIZETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
697	SIGALA ENRIQUEZ GUADALUPE JANETT	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
698	LEYVA VILLEGAS ERICK OSWALDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
699	QUEZADA FLORES ETNA PAMELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
700	GONZALEZ CARREON HECTOR NOE	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
701	HERNANDEZ DE LOS SANTOS IRERI MARIA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
702	BOCANEGRA MEJIA FELIX HUMBERTO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
703	MORAN BACA HORTENCIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
704	DIAZ SANCHEZ FRANCISCO ARTURO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
705	VALLES HERNANDEZ FRANCISCO LEONARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
706	RUBIO GIRON JOSE ISRAEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
707	ALVARADO VENEGAS IRIS JOSEFINA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
708	CUELLAR NEVAREZ GUILLERMO EDUARDO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
709	URBINA PRIETO GUSTAVO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
710	CONTRERAS RAMIREZ GEORGINA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
711	BARRIENTOS TARIN HUGO EDUARDO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
712	LOPEZ VALDEZ ISAAC	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
713	ARAIZA AGUILAR JAIME	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
714	GONZALEZ ROSAS GUADALUPE MARIANA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
715	TAVAREZ CHACON GLORIA ELENA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
716	CARDIEL FLORES GUILLERMO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
717	ALARCON JUAREZ JANISSE ALONDRA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
718	RODRIGUEZ ALMANZA HARIM	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
719	TORRES MUÑOZ HECTOR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
720	VALADEZ GUAJARDO EDGAR HUMBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
721	ACOSTA DE LA ROSA HECTOR ALBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
722	CANSECO QUIÑONES HECTOR GERARDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
723	MADRID MARTINEZ ILIANA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
724	SOLIS DURAN EDNA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
725	FRANCO ESPARZA IRIS CRISTINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
726	FIERRO GONZALEZ ELIZABETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
727	ORTIZ BERNAL JAIRO ADRIAN	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
728	OROZCO SOTELO ELVIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
729	CHAVEZ ALCALA EMMA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
730	FLORES PALACIOS JESUS EVER	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
731	HERNANDEZ GOMEZ ERICK HUMBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
732	CHIQUITO SANTANA JESUS ABELARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
733	FERNANDEZ FIERRO ERIKA LETICIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
734	FUENTES GALDAMEZ ERNESTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
735	ARMENTA MOLINA EVER PAUL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
736	GONZALEZ PLASCENCIA FELIPE RAFAEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
737	GARCIA URIAS FRANCISCO JAVIER	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
738	LOZANO BURCIAGA ILSE SUSANA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
739	ROJERO NEVAREZ GABRIELA LIZZETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
740	IGLESIAS PALACIOS GASPAR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
741	LOPEZ MERAZ GEOVANNI OMAR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
742	PALACIOS LOPEZ GERARDO ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
743	REY FLORES GLADYS ANAHY	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
744	RAMOS MORENO HECTOR GABRIEL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
745	CARTA MORALES HECTOR IVAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
746	GABALDON BARRAZA HILDA ARACELY	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
747	GALLARDO NORIEGA IKER VALAK	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
748	IRACHETA LARA IREYLI ZULUAMY	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
749	RODRIGUEZ DE LA CRUZ IRVING ALAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
750	ROBLES NEVAREZ IVAN ALFREDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
751	GARCIA CASTILLO JESUS EMILIO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
752	AGUIRRE QUIROZ JESUS ISAAC	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
753	ALDERETE RAMIREZ JESUS OMAR	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
754	RIVERA ROBLES IVAN JALIL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
755	PEREZ ARGUELLES IVON SURELI	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
756	LOBO DURAN JACQUELINE SAMANTHA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
757	ORTIZ ACOSTA JORGE IVAN	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
758	ROJO GONZALEZ JAIME RICARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
759	MEDINA . JANICE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
760	FLORES ACOSTA JESSICA ISABEL	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
761	CABRAL GUZMAN JOEL ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
762	VALLES MEDINA JESUS	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
763	RODRIGUEZ CASTAÑEDA JESUS	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
764	PONCE FLORES JESUS DAVID	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
765	MORALES DOMINGUEZ JESUS MANUEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
766	LOPEZ ACOSTA JORGE ALBERTO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
767	MARTINEZ ANTUNEZ JESUS SALVADOR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
768	PEREZ DANIELS JOANNA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
769	PEREZ VILLANUEVA JORGE ALBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
770	VIGNA BOLIVAR JORGE ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
771	ZAVALA PORTILLO JORGE ALONSO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
772	CABALLERO DEL HIERRO GUILLERMO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
773	NAJAR SALDAÑA JOSE CARLOS	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
774	DE LA PEÑA ALFARO JORGE IVAN	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
775	GONZALEZ LAVIN JOSE GERARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
776	MARISCAL GOMEZ JORGE ERVIN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
777	CONTRERAS ALVIDREZ JUAN CARLOS	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
778	FLORES QUIÑONEZ JOSE LUIS	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
779	VARGAS ESQUIVEL JORGE ISAI	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
780	NAVA RAMIREZ JULIA SARAI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
781	TEYECHEA BRIONES IRMA LETICIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
782	CASTELLANOS LUPERCIO JUAN ANTONIO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
783	CARRILLO MENDOZA HECTOR JAVIER	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
784	PEDROZA . JOSE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
785	LOYA MARTINEZ JOSEFINA ISABEL	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
786	LOPEZ GONZALEZ JUAN ISAAC	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
787	BELTRAN MARRUFO JULIO GUILLERMO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
788	LOYA LAZCANO KAREN MARIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
789	OCHOA CASTILLO HEIDY	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
790	PORRAS JABALERA ALFONSO	64	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
791	RAMIREZ LUJAN HERIBERTO	61	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
792	CORRAL FLORES JACQUELINE	57	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
793	LOERA ANGELES MARIA DEL CARMEN	61	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
794	ZARAGOZA ROMERO JAIME	55	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
795	RODARTE DE LA ROSA JAVIER	54	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
796	GALLARDO ENRIQUEZ JESUS JULIAN	56	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
797	LOPEZ LOPEZ HUGO	50	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
798	DAVILA RIVAS IRENE	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
799	MORALES PEREZ IRIS	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
800	ROMERO ROBLEDO JOAQUIN HORACIO	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
801	CAVAZOS NUÑEZ IVETH CAROLINA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
802	SIERRA NAVARRO JESUS	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
803	VILLEGAS ESPINOZA JESUS ERNESTO	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
804	MENDOZA RIVERA JORGE	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
805	DE LA O MARTINEZ HUGO ALBERTO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
806	HERRERA FLORES JORGE ARTURO	51	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
807	OVALLE MORENO AUGUSTO CESAR	60	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
808	AQUINO DAVILA ISAAC ALEJANDRO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
809	SAENZ DE LA RIVA GUILLERMO JUAN CARLOS	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
810	SERRANO ESPARZA HERIBERTO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
811	SAENZ HIDALGO HILDA KARINA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
812	SANTIAGO PEREZ JAQUELINE	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
813	JAQUEZ CASTILLO HUGO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
814	RIVERA SAUCEDO JOEL	54	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
815	RONQUILLO MIRANDA ISAAC	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
816	MENDEZ GONZALEZ JOSE EMILIO	51	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
817	LERMA CORONA ISABEL	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
818	ORTIZ PAUL ISRAEL HIRAM	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
819	ROMAN SIGALA IVAN	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
820	MENDOZA CHACON JESABEL	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
821	CAMPOS TAPIA JULIO CESAR	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
822	OVALLE CISNEROS JUDITH ARACELI	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
823	GOMEZ ORTEGA KHARIM RODOLFO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
824	MESA RAMOS LIBER	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
825	HERRERA TINAJERO IVAN ALONSO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
826	MEDRANO BACA IVAN ARTURO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
827	TORRES ACEVEDO LUZ	64	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
828	GARCIA CASTILLO JESUS JOEL	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
829	REHKARDAY HERNANDEZ IVAN BLADIMIR	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
830	SARMIENTO ALVAREZ JOSE GUADALUPE	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
831	ESQUIVEL . JOSE GERARDO	59	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
832	ORTIZ NAJERA IVAN EDUARDO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
833	CRUZ TRILLO JULIETA YAMILETH	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
834	DURAN PEREZ JANNET	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
835	SOLANO GARCIA JAZMIN LUCERO	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
836	GUERRERO OVIEDO JEAN CARLOS	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
837	GUARDADO LUNA JESUS	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
838	BEJARANO SALINAS JOSE LEOPOLDO	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
839	LOYA ACOSTA LILIANA GUADALUPE	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
840	MELENDEZ FLORES LLUVIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
841	BALAGUER ZUBIATE JOSE LUIS	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
842	LOZOYA JAQUEZ JOANA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
843	GARCIA OLIVAS JENNIFER	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
844	TORRES CHAVEZ JESSICA ARIANA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
845	TREVIÑO MILLAN KAREN PAOLA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
846	MCDONALD VEGA KARLA GABRIELA	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
847	RICARDO MARTINEZ JOEL	42 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
848	ALMEIDA OLIVAS JORGE ALBERTO	41 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
849	REYES ROSALES LORENA	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
850	LUEVANO MUÑOZ KAREN ROSARIO	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
851	RIVERA GUERRERO KAREN SOFIA	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
852	MOLINA SILVA KORINA OLEYDA	34 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
853	CORRAL GONZALEZ JULIO CESAR	32 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
854	MENDOZA ROMERO JESUS ARMANDO	38 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
855	ALMEIDA MORENO JOSE MANUEL	33 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
856	BETANCOURT RUIZ JUAN CARLOS	33 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
857	HERNANDEZ HERNANDEZ KAREN LIZETH	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
858	JIMENEZ TALAMANTES LAURA ISELA	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
859	CHAPARRO CARRILLO JESUS HUMBERTO	36 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
860	HERNANDEZ ALANIS JESUS JAVIER	38 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
861	ARGUMEDO LOPEZ JESUS EDUARDO	34 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
862	ORTEGA RAMOS JORGE ENRIQUE	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
863	CARMONA LARA JESUS RAFAEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
864	SANCHEZ CHAVEZ JUAN ARMANDO	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
865	ZAMORA SANTIAGO KARINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
866	AGUILAR CHAVEZ LAURA PAOLA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
867	JURADO PEREA KARLA VIANEY	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
868	AYALA AVILA JUAN CARLOS	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
869	GOMEZ VENEGAS JUAN FRANCISCO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
870	BADILLO PUENTE JUAN DANIEL	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
871	PADILLA HERNANDEZ LEOPOLDO EDEN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
872	GARCIA BUSTILLOS JESUS ENRIQUE	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
873	RODRIGUEZ GASPAR LEONARDO DANIEL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
874	TAPIA ENRIQUEZ LILIANA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
875	GONZALEZ BARRAGAN KAREN ZULEMA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
876	LOPEZ RODRIGUEZ LUIS ALBERTO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
877	RAMIREZ NUÑEZ HECTOR FELIPE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
878	HERRERA BERMUDEZ LIZETH GUADALUPE	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
879	LUEVANO MUÑOZ HECTOR GUSTAVO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
880	CHAVIRA LUJAN LIZETH VERONICA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
881	GONZALEZ BARRERA JUAN IGNACIO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
882	HERNANDEZ GERMAN LUIS ALBERTO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
883	MERAZ PIÑON LUIS ANGEL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
884	OAXACA MOLINA LUIS ARMANDO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
885	ALDABA DOMINGUEZ KARLA IVONNE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
886	AGUIRRE ANCHONDO LUIS GUILLERMO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
887	VALLES ARMENDARIZ JESUS JAIME	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
888	ZAMORA LOPEZ JOSE ALBERTO	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
889	PLASCENCIA CEJA KEILA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
890	PEREZ RODRIGUEZ LAURA BERENICE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
891	VALLES LUJAN JESUS OMAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
892	GARCIA VEGA LUIS JESUS	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
893	DE SANTIAGO ORTIZ JESUS SALVADOR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
894	GINEZ ZAVALETA LUIS MANUEL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
895	LOYA LOYA MAGALI	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
896	BALDERAS WRIGHT LEONARDO DANIEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
897	VALDEZ MONTAÑO MANUEL ABRAHAM	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
898	GARCIA LARA MANUEL	32 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRO									
899	CASTRO SANDOVAL ALAN	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	DOMINGO									
900	LUJAN LOPEZ JHOADAN BLANCA	38 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ROCIO									
901	VILLALOBOS CARDENAS JUAN	48 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	SERGIO									
902	VEGA DOMINGUEZ LESLY	30 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
903	RAMIREZ VITAL LETICIA	30 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
904	GUTIERREZ IBARRA ALAN	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	RICARDO									
905	NUÑEZ PAYAN ALBA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
906	RAMIREZ TRUEVA JOEL	30 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GAMALIEL									
907	DIAZ ZERMEÑO JULIO CESAR	33 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
908	CASTELLANOS GALLO LILISBET	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
909	GARCIA GAMILLO MANUEL	31 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFONSO									
910	CHAPARRO ESCUDERO ADRIAN	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANDRES									
911	CAMARENA PORTILLO LUIS	31 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALBERTO									
912	ZUBIA BUENO ADRIANA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
913	MARTA DE LA ROSA ALBERTO	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
914	CORRAL VALVERDE AIDEE	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANGELICA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
915	SOTELO ALARCON LUIS ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
916	BANDA VALENCIA JORGE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
917	GARCIA ORTIZ JORGE ADRIAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
918	RIVAS TAPIA JOANN FRANCISCO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
919	BARBA BARBA LUIS ALEJANDRO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
920	VAZQUEZ ESTRADA LUIS CARLOS	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
921	GUTIERREZ RUIZ LUIS EDUARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
922	MARTINEZ GRANDA LUIS FERNANDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
923	TORRES MACIAS ALAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
924	PAREDES LOPEZ JULIA	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
925	MEDINA ALVIDREZ LUIS FRANCISCO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
926	SALAZAR CASTILLO JOSE LUIS	57	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
927	UVALLE RUBIO JORGE	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
928	BAEZA HOLGUIN JORGE	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
929	ORTIZ ENRIQUEZ LUIS HASAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
930	VELAZQUEZ SAENZ MANUEL GERARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
931	CHAVIRA LOZANO JOSE ALEJANDRO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
932	DUARTE RAMIREZ JORGE ENRIQUE	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
933	GUERRA BOCANEGRA ALBERTO DANIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
934	VALDES CHAVEZ ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
935	ENRIQUEZ SANCHEZ LUIS BERNARDO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
936	SOTENO TORRES JULIO CESAR	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
937	QUIÑONEZ TORRES JOSE REFUGIO	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
938	QUIÑONES ANDRADE HUGO MIGUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
939	GUTIERREZ CORRAL JUAN MANUEL	53	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
940	GUTIERREZ CHAVEZ ALDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
941	RICO PARRA ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
942	TALAMANTES ROMAN ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
943	MACIAS OLIVARES ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
944	LOPEZ TORRES JORGE IVAN	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
945	TISCAREÑO BACA ILEANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
946	ANCHONDO ITURRALDE JORGE ALJAHIR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
947	HERRERA CASTRO ADRIAN FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
948	FIERRO CARDENAS ISSAC ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
949	REY MENDOZA LUISA CECILIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
950	RANGEL ROMERO MANUEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
951	YAÑEZ QUIÑONES ISSAC GUADALUPE	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
952	RAMOS MOYA ALBERTO ELIHU	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
953	LOYA FIERRO ITZEL ANDREA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
954	ORTIZ GALAVIZ IVAN ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
955	VILLALBA LEDESMA IVAN ISIDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
956	DIAZ MOLINA IVONNE JOHANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
957	FAUDO CARDENAS JACQUELINE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
958	PARRA OCHOA JAIME IRAM	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
959	ESPARZA MORALES JASSELL ANDREA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
960	MEJORADA MORENO LUZ GIOVANA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
961	DE LA O SALCEDO JOSE ALVARO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
962	SANCHEZ DIAZ JAVIER	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
963	CASTILLO LOERA JEIMY ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
964	CHAVIRA LOYA JESSICA MARIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
965	ESCOBEDO MORALES JESSICA PAOLA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
966	FIERRO SERNA JESUS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
967	NEVAREZ FAVELA ALEF MANUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
968	TREVIÑO ZUÑIGA MARCELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
969	VALLES RASCON MARCELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
970	TIJERINA AGUILAR JESUS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
971	AYALA MORALES JOSE ALAN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
972	PEREZ OCHOA KARLA ROSAURA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
973	GONZALEZ CHAVEZ JOSE ALFREDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
974	GONZALEZ SOSA JESUS ERICK	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
975	MIRANDA RAMOS JOSE ANTONIO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
976	PEREZ PORTILLO ALEJANDRA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
977	CHAVEZ ARREDONDO JOSE JOAQUIN	30 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
978	LICANO JIMENEZ ALEJANDRA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
979	SALAZAR GAUCIN JESUS JASON	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
980	GRANADOS MARQUEZ LAURA	48 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
981	ALVAREZ HERNANDEZ JESUS MANUEL	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
982	GONZALEZ CALVILLO JOSE LUIS	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
983	SILVEYRA AMAYA ALEJANDRA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
984	ARCIBA MELENDEZ MARCO ANTONIO	32 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
985	GARCIA HOLGUIN JESUS ROBERTO	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
986	CASTRO SOLANO MANUEL HUMBERTO	36 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
987	GUTIERREZ ORTEGA LAURA REBECA	49 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
988	CORTES MANICA JOSE ANTONIO	43 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
989	ESCOBAR LOPEZ JESUS SALVADOR	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
990	RIVERA ARAGON JISMY NAHID	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
991	LECHUGA LEON ALEJANDRA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
992	AYALA GONZALEZ MANUEL GERARDO	35 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
993	FIERRO DIAZ ALEJANDRA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
994	RAMIREZ LOPEZ JORGE	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
995	MURO TERUEL ALEJANDRA OLIVIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
996	CHACON HERNANDEZ ALEJANDRA RENEE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
997	RAMIREZ LOPEZ ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
998	RODRIGUEZ DIAZ ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
999	DAMIAN VAZQUEZ ALEXIS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1000	MONGE MELENDEZ ALFREDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1001	OGAZ CARO ALFREDO RODOLFO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1002	MENDOZA ACOSTA ALI YAZMIN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1003	AVILA PIÑON ALONDRA ANEL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1004	BUENO DE LA CRUZ AMY JAQUELINE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1005	GARCIA PADILLA AMY PAOLA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1006	FIERRO SEGURA ANA CAROLINA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1007	ESPINOZA ARMENTA MANUEL ISAIAS	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1008	CARRILLO OSORIO ANA DOLORES	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1009	RAMIREZ GARDEA ANA GABRIELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1010	MENDEZ FLORES ANA IRENE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1011	DOMINGUEZ REYES JORGE ALBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1012	CUEVAS RODRIGUEZ ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1013	JIMENEZ PEÑA ANA KAREN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1014	RUIZ MEZA ANA LAURA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1015	CERROS MARQUEZ ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1016	BISUAÑO DELGADO ANA YESSICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1017	MORENO ROMERO JORGE ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1018	ESPINO SOTELO ANARELY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1019	NEDER SAMANIEGO ANDREA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1020	MORENO MEDINA ANDREA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1021	GODINA MENDOZA ANDREA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1022	RODRIGUEZ GONZALEZ AARON ENRIQUE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1023	HERNANDEZ MORALES ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1024	NAJERA MURILLO ANDRES	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1025	CENTENO CARRERA ANDRES	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1026	ZAVALA NIETO ANGEL ISAI	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1027	LOZOYA MARQUEZ JOSE ANTONIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1028	MARTINEZ PEREZ ANGELICA YUKZULY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1029	HERNANDEZ PORTILLO ARELY LOURDES	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1030	ENRIQUEZ PUGA ARMANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1031	GAMBOA PORTILLO BLANCA SELENE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1032	BRETADO GUTIERREZ BRENDA SARAHÍ	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1033	CADENA LOZANO CARLOS	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1034	DOMINGUEZ GONZALEZ CARLOS	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1035	ROMERO MUÑOZ CARLOS EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1036	LUJAN GALLEGOS CARLOS EUGENIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1037	REALYVAZQUEZ QUINTANA CARLOS FERNANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1038	DE LA TORRE RAMOS JOSE FRANCISCO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1039	BELTRAN DEL RIO LOPEZ CARLOS IRAM	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1040	DEL VALLE GONZALEZ CARLOS JOSE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1041	NIETO RICARTE CAROLINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1042	GUTIERREZ URREA CASSANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1043	ARAMBURO GARCIA CESAR ARMANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1044	GONZALEZ PALACIO CESAR LUIS	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1045	SALDAÑA ORTEGA CHRISTIAN ENRIQUE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1046	ARAGON GURROLA CIELO MARISOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1047	VEGA VARELA JOSE LUIS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1048	VILLALOBOS GARCIA CINTHIA RUBI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1049	RODRIGUEZ HERNANDEZ CLAUDIA EDITH	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1050	CASTILLO LEON MARIA DE LOS ANGELES	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1051	MUELA SOTO JUAN ANTONIO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1052	CHAVEZ JUAREZ CRISTIAN ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1053	QUITERIO CHAVEZ CRISTIAN EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1054	ESPARZA VARGAS CRISTIAN IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1055	CARRILLO MENDEZ CRYSTAL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1056	VAZQUEZ ALVIDREZ CYNTHIA ELENA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1057	MARQUEZ BARRETO ALEXICA CELINE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1058	RODRIGUEZ RAMIREZ DAISY NAYELLY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1059	DELGADO ORTEGA DALIA GABRIELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1060	RODRIGUEZ SALGADO DANIEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1061	ORENDAIN GONZALEZ DANIEL ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1062	ACOSTA MENDOZA DANIELA GISELLE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1063	TALAVERA GUERRERO DAVID	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1064	TORRES VELEZ DAVID AURELIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1065	VEGA AYALA JOSEFA ERANDI XOCHITZIN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1066	BISSIO GUARDADO JUAN JOSE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1067	HERNANDEZ VILLARREAL DAVID JOEZER	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1068	SAMANIEGO SAMANIEGO DAVID MICHEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1069	ARVIZO DE LA PEÑA JOSEPH OBED	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1070	TORRES SANCHEZ DAVID SILVINO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1071	QUIÑONES QUIÑONES DENISE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1072	GUERRERO HERNANDEZ JOVANA BERENISSE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1073	RODRIGUEZ BALDERRAMA JUAN ALFREDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1074	ACOSTA RODRIGUEZ MARIA DE LOURDES	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1075	FRANCO MOLINA DENISSE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1076	BLANCO AMESQUITA DENISSE RENEE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1077	AVITIA RODRIGUEZ LETICIA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1078	SANCHEZ VILLEGAS DIANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1079	MADRIGAL HERRERA DIANA AIDEE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1080	MANZANERA ORNELAS DIANA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1081	AGUIRRE FELIX DIANA ELSA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1082	ORTEGA AGUIRRE DIANA LIZETH	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1083	ARZATE MADERO DIEGO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1084	ALVARADO MURILLO DIEGO IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1085	HINOJOSA CHAVEZ DULCE NAYELI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1086	RIVERA BAYLON DUNIA MARIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1087	VILLA RAMIREZ JUAN ANTONIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1088	HINOJOS NAJERA EDGAR ADRIAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1089	MARIN AGUILAR JULIAN SANTIAGO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1090	CAMPOS HERMOSILLO JUAN RAMON	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1091	SANCHEZ DIAZ EDGAR ALFONSO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1092	VARA VALLES EDIEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1093	CARRILLO SANCHEZ JULIO CESAR	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1094	IBARRA ALANIS EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1095	MARQUEZ PIÑON KAREN	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1096	ENRIQUEZ VAZQUEZ JULIETA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1097	DADO JIMENEZ ABDALAH GABRIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1098	GARCIA ORTEGA ABIUD	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1099	FLORES LEOS ELIAS HIRAM	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1100	VAZQUEZ TORRES ELIDEN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1101	BARRERA GARCIA KAREN ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1102	GARZA RAMOS ELOY	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1103	AVALOS CARDOZA KAREN ROCIO	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1104	ARMENDARIZ DOMINGUEZ JESUS MANUEL	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1105	ORDÓÑEZ VELETA ERASMO ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas									
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia									
		Día Mes Año									
1106	MARTINEZ RUIZ ERICK	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1107	OROZCO FLORES ERICK	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1108	ARREOLA DELGADO ERIKA ELIZABETH	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1109	GONZALEZ DE LA ROSA ERNESTO IVAN	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1110	SALGADO SOLIS ESTEBAN	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1111	DOZAL CARDONA ESTEFANIA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1112	CHAVEZ LOYA ESTEFANIA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1113	QUINTANA TREJO MARIA DEL CARMEN	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1114	HERNANDEZ MEDINA ALEXIS	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1115	RIOS ROSENGRANT ESTEFANIA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1116	MATAMOROS MARQUEZ ESTEFANIA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1117	LOPEZ JIMENEZ EVAN ALEJANDRO	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1118	PIÑON AMAVISCA KAREN YANETH	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1119	BUSTILLOS LUJAN FABIAN ALONSO	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1120	MARTINEZ RODRIGUEZ FELIPE DE JESUS	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1121	VILLARREAL QUIÑONEZ FERNANDA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1122	CAZARES SANCHEZ FLOR ISELA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1123	ALEGRIA TORRES GABRIEL	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1124	FLORES MARTINEZ KAREN DEYANIRA	33 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
1125	PERSONA ORNELAS GABRIEL BERNARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1126	SAENZ NIETO JULIO CESAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1127	JAVALERA HERRERA GABRIELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1128	CASAS VILLARREAL GABRIELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1129	MARQUEZ LUEVANO GABRIELA DENIS	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1130	SANTEL COLIN GERARDO ALONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1131	JURADO CARRERA GERARDO ESTEBAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1132	INZUNZA MONDACA ABRAHAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1133	TORRES CISNEROS GERARDO IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1134	GUTIERREZ OLVERA KARINA ESTHER	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1135	MERCADO HERNANDEZ AIME NALLELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1136	GONZALEZ ORNELAS KARLA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1137	RIOS PARRA KAREN MABELLY	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1138	CHAVEZ LOYA GERARDO JAVIER	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1139	OLIVAS ESTRADA GRACIELA IVETTE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1140	QUIROZ LOPEZ KARLA BERENICE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1141	AGUIRRE DELGADO GRISEL NALLELY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1142	NIETO GAMEZ GRISSEL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1143	ARMENDARIZ GARDEA GUADALUPE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1144	MACIAS ESTRADA ABRAHAM EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1145	ORTIZ AVITIA KARLA DENICE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1146	CRUZ RAMOS HAZAEL JOSE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1147	NUÑEZ GALINDO KARINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1148	ROMERO CRUZ MARIA GUADALUPE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1149	LOYA PEREZ HECTOR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1150	ESPINOSA QUEZADA HECTOR ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1151	RIVERA RUEDA KARLA ROBERTA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1152	CASTAÑEDA BRECEDA HECTOR EFRAIN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1153	GONZALEZ ANCHONDO HECTOR HUMBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1154	VARELA DE LA ROSA HECTOR MIGUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1155	MORALES GUTIERREZ HERNAN AUGUSTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1156	SAUCEDO SOSA HORACIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1157	JUAREZ . KARINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1158	LARREA GONZALEZ HUBER IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1159	CANDIA SOSA KEVIN FERNANDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1160	ESTRADA RIVAS HUGO HIRAM	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1161	MAYORGA SANTANA MARIA CONCEPCION	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1162	DELGADO PEREZ KEVIN HUMBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1163	RIOS HERNANDEZ ILSE GABRIELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1164	ANZALDUA MANRIQUEZ IÑAKI RICARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1165	PALMA SOTO JORGE ALEJANDRO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1166	LOZANO MAGDALENO ISAAC	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1167	LIMONES BELMONTES KEVIN OTNIEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1168	RUIZ ACOSTA ITZMIR ARMANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1169	CASTILLO QUINTANA LAURA LETICIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1170	AGUILERA POLANCO IVETH PAMELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1171	ORTIZ CHAVEZ KARINA MELINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1172	GALLEGOS GARCIA JAIME ABRAHAM	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1173	GARCIA ORTIZ JAIR JOSSEPH	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1174	MENDOZA LECHUGA JANETH FERNANDA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1175	TELLEZ MONTOYA JOSE ANGEL	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1176	HERNANDEZ CORRAL JAVIER	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1177	LOZOYA ANDAZOLA LAURA MARISSA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1178	FERNANDEZ SERRANO LAURA OLIVIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1179	RODRIGUEZ DELGADO LEONARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1180	SOTO VILLARREAL MARIA DEL CARMEN	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1181	SANCHEZ CAMPOS JOSE RICARDO	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1182	FLORENCIO PEREZ JENNY ESMERALDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1183	RODRIGUEZ MENDOZA JENNYFER	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1184	GALVAN GONZALEZ JESSICA VIANNEY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1185	ARMENTA JURADO JESSICA YAHAIRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1186	ORTIZ TORRES KARLA JANETH	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1187	MELLENDEZ MELLENDEZ JOSE EDUARDO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1188	BORJA GONZALEZ LEONARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1189	QUINTERO VALENCIA JESUS ANDRES	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1190	OLIVAS RODRIGUEZ LIZETH FERNANDA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1191	RONQUILLO SALAZAR JESUS HUMBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1192	TONCHE RAMOS JESUS JAVIER	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1193	RUIZ RODRIGUEZ JESUS MANUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1194	GUTIERREZ ORTEGA JESUS MOISES	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1195	DURAN MARQUEZ MARIA JOSE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1196	RUIZ GOMEZ LLUVIA YAZMIN	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1197	MEDINA LIRA MARIA VIRGINIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1198	DELGADO ESPARZA LUIS ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1199	LOPEZ LOPEZ ADALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1200	RODRIGUEZ RIVERA AIMEE YAHAIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1201	NAJERA BENITEZ ALAIN HUMBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1202	MUÑOZ FLORES ALAN ALEXIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1203	OROZCO AGUIRRE JESUS OVIEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1204	FERNANDEZ LOPEZ ALFONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1205	HERNANDEZ GUTIERREZ MARIEL ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1206	IGLESIAS CHAVIRA KARLA LIZETH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1207	ARRIETA REYES JEZELI ANAHI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1208	PALMA FAVELA MARIBEL	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1209	LOPEZ GUTIERREZ KENIA JERALDI	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1210	ITUARTE PEREA LUIS ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1211	BARRANCA GONZALEZ JOSE LEMUEL	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1212	ENRIQUEZ GONZALEZ LUIS ALFREDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1213	SIERRA MELENDEZ KRISSNA NATHALI	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1214	CABELLO TERAN JOAQUIN ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1215	CASSIO DORADO JOSE LUIS	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1216	MUÑOZ LOPEZ MARIA GUADALUPE	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1217	LUGO MOLINAR JOEL ARMANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1218	CRUZ MORAN JONATHAN CALEB	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1219	RAMIREZ IBARRA LAURA ITZEL	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1220	ARZAGA SILVA LUIS ANGEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1221	RUBIO LOPEZ JORGE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1222	AGUIRRE HINOJOS MARIO ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1223	TALAMANTES LEGARDA JOSEFINA JOHANA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1224	GONZALEZ RODRIGUEZ LUIS ANGEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1225	HERNANDEZ GONZALEZ MARIO ENRIQUE	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1226	FLORES PORTILLO JORGE ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1227	MARTINEZ LOPEZ JORGE ROBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1228	NAJERA MONTOYA JOSUE DAVID	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1229	MORENO JULIMEZ LUIS ARMANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1230	GARCIA PARDO ALAN ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1231	AYON ORTIZ ADAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1232	GUZMAN DOMINGUEZ LAURA	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1233	ALLANDE CARRILLO ALMA ESTEFANIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1234	FLORES GONZALEZ JOSE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1235	MAYNEZ BECERRA AMADOR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1236	BONILLA SILVA AMAIRANY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1237	MINJARES LOYA JOSE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1238	LOYA HERRERA ANA PATRICIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1239	CARDONA RUIZ ALAN DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1240	DE LEON OSORIO ANA PATRICIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1241	ALMORA MARTINEZ ANDREA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1242	ESTRADA ARVIZU ANDREA SOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1243	NEAVE MEZA ANDRES	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1244	RODRIGUEZ MOTA AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1245	ALVIDREZ VALDENEVA ANDRES EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1246	RIOS GONZALEZ ALAN FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1247	AGUILAR MENDOZA ANETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1248	BARRAZA CARRILLO ANGEL HIRAM	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1249	RIVERA CASTILLO LUIS CARLOS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1250	LARIZ ZUBIA ANGEL IVAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1251	VILLALOBOS MENDOZA JOSE ALAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1252	NUÑEZ GARZA ANGELICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1253	MARTINEZ ARMENDARIZ ANNA KARINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1254	HERRERA SUAREZ ARELI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1255	RUIZ CABRERA ARTURO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1256	ARROYO VILLA ARTURO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1257	REZA LERMA ARTURO LUIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1258	IBARRA ARREOLA ASHLEY HASSELL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1259	ALMEIDA LIMAS ASTRID	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1260	HERNANDEZ CRUZ AYLEE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1261	AGUIRRE LUNA BERNARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1262	ENRIQUEZ ARIKADO BERNARDO HIRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1263	GONZALEZ MORA BEXY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1264	TAVARES VALDEZ BLANCA PAOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1265	ARAIZA HERNANDEZ BRANDON	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1266	CHIRICHIGNO PEREZ BRANDON	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1267	AMAVISCA ARIAS BRANDON ENRIQUE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1268	MOJICA BONILLA BRAYAN EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1269	CERVANTES DE HARO BRENDA ALICIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1270	ANCHONDO PEREZ BRENDA DANIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1271	FRAGOSO TERAN JOSE ALBINO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1272	JURADO DOMINGUEZ JOSE ALFREDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1273	VILLA RUIZ AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1274	HERNANDEZ AGUIRRE BRENDA JANETT	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1275	TORRES GONZALEZ BRENDA JAZMIN	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1276	ALVARADO CASILLAS BRISA AIME	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1277	ARREDONDO LAZCANO JOSE ANGEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1278	OLIVARES GONZALEZ CARLA LORENA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1279	GAMERO SANCHEZ CARLA NAARA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1280	GUTIERREZ HERRERA CARLOS ADOLFO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1281	ORTIZ HERNANDEZ CARLOS ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1282	JUAREZ PACHECO CARLOS ALLAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1283	ACOSTA MILLAN CARLOS ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1284	CASTRO HERNANDEZ ALAN FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1285	TRONCOSO BUSTILLOS JOSE ARTURO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1286	MONZON BURGOS CARLOS GUSTAVO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1287	CABRAL OROPEZA CARLOS OMAR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1288	SOTO MARTINEZ CARLOS RICARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1289	MENDOZA ESTRADA CARMEN AURORA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1290	VILLA ESTRADA ADOLFO ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1291	ALVARADO GONZALEZ CARMEN CAROLINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1292	CRUZ DITTRICH CARMEN ELENA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1293	LUNA CRUZ CARMEN MAGDALENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1294	FLORES RAMOS JOSE CARLOS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1295	BELTRAN GONZALEZ CESAR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1296	SANZABAS RIVERA JOSE HOMAR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1297	GONZALEZ VALERIO CESAR ALONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1298	MENDOZA PEREZ CINTHIA ARELI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1299	PORTILLO HERNANDEZ CINTHIA BERENICE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1300	GALLEGOS MENDOZA ALAN FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1301	FLORES MUÑOZ CINTHIA CORAL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1302	CHACON TERRAZAS AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1303	ACOSTA LARA JOSE NOE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1304	GUZMAN GONZALEZ CLARA ROCIO	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1305	VENEGAS MUNGUIA CLAUDIA JANETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1306	URIAS GARCIA CRESCENCIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1307	SALCIDO GUTIERREZ CRIS DAYANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1308	CABALLERO PEREZ CRISTELL DORAL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1309	OCHOA VAZQUEZ CRISTIAN YOLANDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1310	MARQUEZ MARQUEZ JOSUE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1311	CELIZ PORRAS DAISY YARELI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1312	CASTELO ORQUIZ ALAN GABRIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1313	GUTIERREZ CARRASCO ALAN GUADALUPE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1314	PONCE DE LEON DOMINGUEZ DANIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1315	CASTAÑEDA PEREA JUAN CARLOS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1316	MAGAÑA GUTIERREZ DANIEL ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1317	BECERRA HERNANDEZ MARIA FERNANDA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1318	TAPIA RODRIGUEZ DANIEL ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1319	LUNA SALCIDO DANIEL CATALINO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1320	ACOSTA LOPEZ MARIA ISABEL	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1321	PIÑON LOPEZ DANIEL GERARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1322	ARAGON CABALLERO DANIEL HELI	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1323	RUIZ PEREZ DAVID	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1324	DE LOS SANTOS ARTEAGA DAVID	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1325	RAMIREZ LONGORIA AARON DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1326	RONQUILLO GALLEGOS MARTIN ROBERTO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1327	JUAREZ FLORES DAVID ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1328	ROSALES SALAZAR DAVID RICARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1329	RUBIO TORRES DAYANIRA ATZIMBA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1330	HERNANDEZ IBARRA JUDITH ARLETTE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1331	MARTINEZ PARADA DENISSE MIREYA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1332	RODRIGUEZ RODRIGUEZ DIANA DANIELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1333	BARRIENTOS SANCHEZ DIANA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1334	AGUIRRE SOTO DIANA JANETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1335	VALLES MARTINEZ DIANA LAURA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1336	LOPEZ FLORES DIANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1337	CHAVEZ NUÑEZ DIANA LAURA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1338	DIAZ URQUIZA JULIA SARAHÍ	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1339	VALDEZ VALLES ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1340	BARRON FLORES DIANA MELISSA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1341	PORTILLO ALMANZA JULIO CESAR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1342	GUERRERO PEREZ DIANA REBECA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1343	VILLARREAL BALDERRAMA LORENA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1344	MARTINEZ CADENA DIEGO ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1345	NAJERA REYES DIEGO ARMANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1346	MARTINEZ PEREZ DIEGO IVAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1347	JIMENEZ PONCE EBER ASAHIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1348	HERNANDEZ CALVO EBER JAIME	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1349	HERNANDEZ ARANDA EDGAR SAUL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1350	TERRAZAS MELENDEZ JULIO CESAR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1351	MARTINEZ CALDERA EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1352	SANCHEZ FRANCO EDUARDO	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1353	BARAJAS GARCIA KAREN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1354	RODRIGUEZ OROZCO EDUARDO ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1355	MENDIAS OLIVAS EDUARDO ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1356	HERNANDEZ FLORES ELDER ALID	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1357	VILLALOBOS HERRERA ELIER ALAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1358	MANZANARES MARQUEZ ELEAZAR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1359	LECHUGA DAVILA KAREN GISELL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1360	GARZA LOZANO ADRIAN ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1361	MIRANDA RASCON KAREN ILIANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1362	VEGA GUTIERREZ ELIER	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1363	GRIMALDO HIDALGO ELIER	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1364	CONTRERAS HERNANDEZ ELIZABETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1365	MARQUEZ FELIX ELSA MARIANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1366	VALDEZ GONZALEZ MARISELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1367	AHUMADA CRUZ EMMA LUZ	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1368	PLASCENCIA FRANCO KARLA BERENICE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1369	GOMEZ LUJAN ALAN OMAR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1370	GONZALEZ RODRIGUEZ EMMANUEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1371	PACHECO GONZALEZ ERICK	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1372	GARCIA FLORES ERICK ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1373	HOLGUIN MONTES ERICK JAEN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1374	CASTAÑON NIETO ERIK RICARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1375	OLIVAS CERVANTES ERIKA JANETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1376	RIQUETTI PARRA AARON DE JESUS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1377	CAMPOS PINEDO ERIKA JAZMIN	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1378	CALDERON JURADO MARISELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1379	CHAPARRO TORRES KARLA PAOLA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1380	TREVIZO HERNANDEZ ERIKA SELENE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1381	HERRERA DOMINGUEZ ERNESTO ALONSO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1382	YEE COTA KENIA MARIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1383	ARAGON ONTIVEROS KEVIN DAVID	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1384	GONZALEZ CARRILLO ESAUL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1385	CHACON DE LA ROSA ESBEIDY ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1386	GALLEGOS CAZARES LIZETH ALICIA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1387	GAMEZ CARDENAS EVA LIZETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1388	SOTO RODRIGUEZ EVELYN MARCELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1389	JUAREZ CORDOVA EVER JACOBO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1390	MARQUEZ URBANO FATIMA YADIRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1391	ALCALA CARMONA KIMBERLY ANAI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1392	RASCON JUANEZ FRANCISCO URIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1393	SANTINI CHAVEZ FRANCO GIANCARLO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1394	MONZON MARQUEZ GABRIEL FERNANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1395	CHAVEZ PEÑA GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1396	GARCIA GARCIA GABRIELA ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1397	OCHOA LARA LARISSA ITZEL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1398	MOLINA PEREZ GENESIS SAMARIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1399	CHAVIRA GAONA GEORGINA ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1400	AMAYA VILLAGRAN GERARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1401	GUERRERO CORREA GERARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1402	CRUZ BELTRAN ALBA JANETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1403	ROMERO JACOBO GINNA MARIANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1404	GAXIOLA BON GONZALO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1405	VERA GONZALEZ LAURA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1406	ROBLES MACIAS GONZALO EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1407	QUINTANA CALDERON ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1408	VILLARREAL RODRIGUEZ GUADALUPE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1409	MANJARREZ PONCE GUADALUPE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1410	BANDA TARIN GUILLERMO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1411	LUJAN VARGAS ADRIAN ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1412	PRADO JUAREZ GUSTAVO ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1413	MEDINA BAILON HAZAEL EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1414	SANCHEZ MARTINEZ HECTOR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1415	NUÑEZ RUVALCABA MARISSA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1416	MARTINEZ PORTILLO AARON JOSUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1417	SILVADORAY ORNELAS HECTOR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1418	FLORES OLIVARES LUIS ALBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
1419	ESPARZA CHAVEZ HECTOR ALEJANDRO	26 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1420	TAVARES TRASVIÑA HECTOR EDUARDO	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1421	MELLENDEZ HERNANDEZ HECTOR MANUEL	26 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1422	JIMENEZ PORRAS ABIGAIL	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1423	RODRIGUEZ RONDON MARIA JOSE	31 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1424	MAYEN PALMA LAURA ITZEL	27 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1425	AHUMADA RODRIGUEZ HECTOR OBED	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1426	LIRA ZAVALA HECTOR RUBEN	26 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1427	HERNANDEZ PEREZ HILED MELISSA	27 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1428	NAVARRO RIVAS IRIS PATRICIA	27 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1429	OLIVAS RAMOS IRVING MARTIN	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1430	ESCUDERO MACIAS LESLIE NAIZEL	28 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1431	PRUNEDA TRILLO ISAAC	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1432	CARRADA PALMEROS ISAAC YAEL	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1433	LOYA CHAVEZ ISAI	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1434	ALVAREZ JIMENEZ ABIGAIL	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1435	RODRIGUEZ RODRIGUEZ ITZEL ANDREA	27 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
1436	MARTINEZ CORDOVA LESVI YUVIANA	27 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1437	NUÑEZ MARTOS IVAN EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1438	GOMEZ TIERRAFRIA JOSUE DAVID	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1439	ZAMARRON SANCHEZ IVAN RICARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1440	HERNANDEZ TINOCO LILIANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1441	CARMONA LARA KEVIN BERNARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1442	GRIJALVA GOMEZ IVAN RUBEN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1443	ROSAS DELGADO IVONNE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1444	MUÑOZ LOYA LIZETT ATOCHA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1445	MARQUEZ GODOY JAIME NEFTALI	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1446	HERNANDEZ SALAS JAIR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1447	MELLENDEZ PEÑA JAIRO ADAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1448	MINA GONZALEZ JAMIBETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1449	MARQUEZ DOMINGUEZ JANINE ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1450	SOTO QUEZADA JANNETTE DOLLY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1451	TARIN ESTRADA LORENA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1452	MOYA HERNANDEZ LUCERO	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1453	DE SANTIAGO ABARCA LUCERO ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1454	ZUBIATE MAGALLANES LUIS EDUARDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1455	MORALES GUTIERREZ LUIS ENRIQUE	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1456	ANDRES AYALA JAVIER	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1457	GONZALEZ CHALUP LUIS ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1458	GARCIA LEYVA JAZMIN YARETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1459	ARREDONDO RODRIGUEZ LUISA ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1460	RAMIREZ BRITO ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1461	ENRIQUEZ GONZALEZ JENIFFER	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1462	ACOSTA BUSTILLOS MARIANA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1463	ALVAREZ LUJAN JESSICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1464	ABARCA BOBADILLA ABIGAIL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1465	CEPEDA ARMENDARIZ JESSICA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1466	RUIZ MERAZ JESSICA PAOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1467	QUEZADA LEON ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1468	MARTINEZ GARCIA JESUS ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1469	PONCE SILVA ABRAHAM DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1470	HOLGUIN REYES LUIS ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1471	MUÑOZ VARGAS JESUS ANDRES	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1472	SOSA ESCOBAR JESUS ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1473	OLIVAS FUENTES JESUS JOSE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1474	ORTIZ NOVOA JOSUE	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1475	MORALES ALVARADO LUIS DAVID	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1476	ESCAJEDA GARCIA JESUS MANUEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1477	RODRIGUEZ AGUILAR ABRAHAM IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1478	RODRIGUEZ LOZOYA LUIS EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1479	SOLIS CASTILLO JESUS MANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1480	RODRIGUEZ BENCOMO ABRIL BERENICE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1481	RONQUILLO ABOITE JESUS ORLANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1482	MIRANDA SOLIS JESUS RICARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1483	VEGA MARTINEZ LUIS EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1484	ARVIZO GONZALEZ LAURA ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1485	MARQUEZ PALMA JOAQUIN OSWALDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1486	ARREOLA BALDIVIEZO MALLELY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1487	VILLALOBOS GONZALEZ JOAQUIN ROBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1488	DE LA PEÑA ALANIS JOEL ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1489	MORENO ARELLANES JOEL ENRIQUE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1490	VALENZUELA PEÑA MARIBEL	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1491	VALTIERRA CISNEROS MIRIAM JUDITH	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1492	FRAUSTO BAEZ JOHNATAN ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1493	SALAS SALCIDO LUIS EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1494	GUERRERO HERRERA JONATHAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1495	ONTIVEROS TERRAZAS JUAN ANTONIO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1496	MEZA CHACON JORGE ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1497	PAREDES BUNSOW JORGE ANDRES	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1498	VALDEZ VALLES JOSE ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1499	ORTEGA FIERRO JOSE ARTURO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1500	ACOSTA ARAGONEZ LAURA ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1501	GARCIA CASTILLO JOSE DANIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1502	TARANGO GALINDO ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1503	OLAGUE COELLO JOSE DAVID	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1504	RUIZ PONCE MANUEL ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1505	ACOSTA DIAZ LUIS ERNESTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1506	BARRAZA TENA MARCELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1507	MILLAN GOMEZ JOSE EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1508	PARRAZAL REGALADO JOSE EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1509	PONCE OCHOA LUIS FERNANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1510	MERAZ CHAVEZ JOSE FERNANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1511	PORTILLO CORRAL ALEJANDRA GABRIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1512	PAZ SOTELO ABRIL MARCELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1513	GERMES DOMINGUEZ ABRIL MARIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1514	CAVAZOS MUÑOZ JOSE LUIS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1515	LARA MATA ADAL ERUBEY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1516	MORALES AVITIA ADRIAN ARMANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1517	RUIZ MARTINEZ ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1518	ENRIQUEZ ALVAREZ ADRIAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1519	PALACIO FERNANDEZ ADRIAN EMILIANO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1520	PIÑON MUÑIZ MARINA ISABEL	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1521	OLIVAS BORUNDA MARCO ANTONIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1522	BORUNDA CAMPOS ALEJANDRA PALOMA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1523	MONTOYA PALACIOS LORENA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1524	HERRERA BENAVIDES ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1525	CHAPARRO MORALES LUIS HUMBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1526	LOPEZ DELGADO ADRIAN ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1527	POMPA MANCINAS ADRIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1528	LOPEZ MIRANDA JOSE LUIS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1529	AGUILAR DUARTE JOSE RAFAEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1530	PARDO BLANCO JOSE URIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1531	CARRILLO PRADO LUIS LEONARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1532	LOPEZ BURGOS JOSUE ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1533	MAGDALENO MERAZ JOSUE JAVIER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1534	AGUIRRE RIVERA JUAN CARLOS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1535	SIFUENTES GARCIA JUAN CARLOS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1536	CHAVEZ CALDERON JUAN CARLOS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1537	BERMUDEZ PALOMO JUAN ERNESTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1538	SAENZ LOPEZ LAURA ISABEL	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1539	CALDERILLA JAIME LUIS MIGUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1540	QUEZADA FARIAS JUAN FRANCISCO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1541	ORTEGA MORIEL LUIS ROBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1542	HERNANDEZ LARA LUISA NATALIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1543	URANGA CORONA MAELY ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1544	RUELAS RUELAS JUAN MANUEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1545	MONTES HOLGUIN MYRIAM EUNICE	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1546	ESPINOSA SOLIS JOSUE ISRAEL	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1547	ALONSO GUTIERREZ MARIELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1548	MANRIQUEZ RAMOS MANUEL ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1549	FLORES MENDOZA ADRIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1550	VAZQUEZ ARCINIEGA AIDE JAQUELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1551	OSUNA OCHOA JUAN MANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1552	RODRIGUEZ GARCIA ADRIAN ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1553	GARCIA LOZOYA AILED YATZIRI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1554	PLASCENCIA TERRAZAS ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1555	CASTORENA AREVALO ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1556	SILVA TORRES ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1557	OROZCO FERNANDEZ ALEXA FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1558	SANDOVAL GUZMAN ALEXIA BERENISE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1559	CARRILLO RAMIREZ ALEXIS GUADALUPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1560	PEREZ GONZALEZ ALAM AXEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1561	GARCIA SANTIAGO ALAN ARTURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1562	FLORES GARCIA ALEYDIS FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1563	CONTRERAS GUARDIOLA ALFREDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1564	RIVERA GOMEZ AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1565	ORNELAS GONZALEZ AMERICA AZENETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1566	SHAAR GUERRA AMIRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1567	RUIZ SOTO JUAN PABLO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1568	MUÑOZ MARIN ANA BELEN	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1569	RODRIGUEZ AYALA ANA CRISTINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1570	QUEZADA QUEZADA ANA GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1571	GARCIA ZENDEJAS MARIELA MAGDALENA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1572	NUÑEZ VALLES LUIS CARLOS	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1573	DE LA FUENTE OCHOA ANA KAREN	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1574	KENDEL VILLALOBOS ANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1575	MARTINEZ PALLARES JUAN RAMON	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1576	RIOS ROBLEDO ANA LUISA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1577	ARMENDARIZ FLORES ANA ROSA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1578	PAVIA MEDINA ANA VALERIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1579	PEREZ FONTES ANA VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1580	VIRAMONTES CASTELLANO JUAN RAMON	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1581	VALERIO CANO JUDITH ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1582	IRETA AGRAZ-SANCHEZ ANAHI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1583	AVILES PONCE ALAN FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1584	LEOS DIAZ ANAHI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1585	AVALOS ARIAS ANDREA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1586	GONZALEZ GONZALEZ ANDREA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1587	ALONSO GONZALEZ ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1588	BOLIVAR LUCERO ANDREA CECILIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1589	CONTRERAS REYES ANDREA IORELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1590	ROYVAL DELGADILLO ANDREA KARELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1591	BLANCO JIMENEZ ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1592	GARCIA SANDOVAL ANDY ARNOLD	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1593	ALVAREZ SALAS JULIO CESAR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1594	DE LA ROSA CASTAÑEDA ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1595	MARTINEZ GARCIA ANGEL ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1596	RAMIREZ TORRES AARON ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1597	CASTILLO CASTILLO ANGELICA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1598	SANCHEZ GRANADOS ARELY ADRIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1599	CHAVEZ FERNANDEZ ARELY SARAI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1600	RODRIGUEZ TERRAZAS ARELY SOLEDAD	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1601	DOMINGUEZ NOGAL ARIANA IVETTE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1602	SANTOS SALAZAR KAREN ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1603	LOYA HERNANDEZ ARLETT FABIOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1604	SAENZ TORRES ARLETTE YADIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1605	SAENZ DOMINGUEZ ARLETTE YOANNA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1606	MARQUEZ RIVAS ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1607	PAREDES MENDOZA JUAN FRANCISCO	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1608	ORPINEL ARMENDARIZ ARTURO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1609	MENDOZA SAENZ ARTURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1610	FLORES FLORES ALBA MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1611	CONTRERAS CHAPARRO ARTURO ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1612	ALANIS AYALA AUREA ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1613	QUINTANA TRINIDAD KAREN ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1614	OCHOA TORRES BERENICE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1615	JIMENEZ FLORES BIANCA DENIS	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1616	TARANGO RAMIREZ BIBIANA ALINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1617	HERRERA TERRAZAS ALBA MARLENE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1618	RAMIREZ GONZALEZ BIBIANA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1619	QUINTANA MARTINEZ BLANCA ESTELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1620	APODACA TRUJILLO JUAN MANUEL	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1621	MONCADA GARCIA BLANCA ISELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1622	LARA GALARZA BLANCA JACQUELINE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1623	MARIONI MARQUEZ BLANCA LISSETE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1624	SOLIS LUGO BRENDA ELENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1625	BANDA DE LA ROSA BRENDA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1626	DE LA ROCHA CASTILLO ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1627	VALLADARES NOVAS BRIAN ALAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1628	MARTINEZ ANDAZOLA CARLA ALONDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1629	VARELA VARELA CARLOS ADAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1630	PEREZ SANDOVAL CARLOS ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1631	CHAVEZ NEVAREZ CARLOS DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1632	FRANCO LUJAN CARLOS EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1633	SUAREZ FRANCO CARLOS ENRIQUE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1634	MEDINA ALVIDREZ CARLOS FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1635	GARCIA JIMENEZ CAROLINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1636	RANGEL AGUILERA CAROLINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1637	BANDA HERNANDEZ CAROLINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1638	GONZALEZ CARRILLO CECILIA ARELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1639	VILLALOBOS MATA KAREN ALEXANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1640	MOLINA JUAREZ CECILIA GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1641	SAENZ HALLER CESAR ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1642	CARREON SANTA CRUZ KAREN ILEANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1643	BERNAL GONZALEZ CESAR ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1644	RASCON GASCA CESAR EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1645	CAMUÑEZ SOTO CESAR OCTAVIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1646	MOLINA SALAZAR CINDY YETHZEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1647	ARMENDARIZ MENDOZA MARTHA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1648	ORTEGA CASTILLO CINTHIA BERENICE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1649	RUIZ RUIZ KAREN LIZETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1650	CHAVEZ PIÑON CINTHIA ELIZABETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1651	REZA ACUÑA KAREN PAULINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1652	NUÑEZ AGUIRRE CINTHIA JANETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1653	BARRIO MARTINEZ CRISTIAN HORACIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1654	MERAZ MONTES CRISTINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1655	GONZALEZ CASTILLO KAREN YARELY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1656	MARTINEZ PILLADO CRYSTAL AZUCENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1657	GUTIERREZ PEINADO CYNTHIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1658	TARANGO SANTIESTEBAN DAFNE ABIGAIL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
1659	MAGALLANES PONCE DAISY CAROLINA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1660	CARTA PRIETO MARCO DANIEL	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1661	DE BERNARDO CORCINO ALDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1662	GONZALEZ LOYA DANIA ESMERALDA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1663	ORTIZ GURROLA DANIEL	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1664	GARCIA LLANAS DANIEL ADRIAN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1665	DELGADO SALCEDO DANIEL ALEJANDRO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1666	HERNANDEZ JAIME DANIEL DAVID	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1667	CHAVEZ RODRIGUEZ DANIELA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1668	MARO CORRAL DANIELA ALEJANDRA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1669	GONZALEZ AGUILAR DANIELA ESMERALDA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1670	TAVAREZ ANTILLON KARENIA IVONNE	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1671	BALLESTER ROSAS DANIELA ITZEL	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1672	ARRIETA HERRERA DANIELA JOHANNA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1673	RICO JAUREGUI DANYA KARINA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1674	SALDAÑA SOLIS DANYA RUBY	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1675	CHAPARRO CALDERON DAVID	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1676	SALCIDO MENDOZA DAVID ALEJANDRO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1677	LORENZANA BENCOMO DAVID ALFONSO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1678	HERNANDEZ ENRIQUEZ DAVID ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1679	BUSTILLOS GOMEZ DAVID DONALDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1680	VAZQUEZ GONZALEZ ALDO MAURICIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1681	ACOSTA SOTO DENISSE ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1682	HERNANDEZ QUEZADA DENISSE ALHELI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1683	PERALES PALMA KARINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1684	MERCADO MEZA DENISSE YATZELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1685	MOLINA SANCHEZ KARLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1686	TAPIA LOPEZ KARLA ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1687	PARRA LUGO DEYANIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1688	CORRAL ALVIDREZ DIANA ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1689	GARCIA CARDENAS DIANA ITZEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1690	CHAVIRA SANCHEZ DIANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1691	PALACIOS RINCON DIANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1692	DIAZ DE LA TORRE DIANA LAURA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1693	GARCIA MADRID DIANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1694	SAENZ ARMENDARIZ DIANA LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1695	MORENO BUSTILLOS DIANA PATRICIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1696	BECERRIL GAMEZ MARTHA VICTORIA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1697	PORTILLO HERNANDEZ DIANA RUBI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1698	MEZA QUINTANA DIEGO ALDAHIR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1699	CORNEJO CASTILLO DIEGO ENRIQUE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1700	PRADO ORTEGA DIEGO ROBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1701	ARIZPE GOMEZ KARLA FERNANDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1702	VARGAS VARGAS DULCE ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1703	VILLALOBOS VARELA KARLA FERNANDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1704	HERNANDEZ TORRES DULCE YARELI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1705	CASTAÑEDA GONZALEZ EDDY SAUL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1706	SALCIDO MENDOZA EDGAR ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1707	POLANCO HERNANDEZ KARLA GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1708	IBAVEN GONZALEZ EDGAR ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1709	LAZALDE MARTINEZ MARISA SOLEDAD	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1710	CASTILLO LARA EDGAR ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1711	HERNANDEZ GARCIA EDGAR ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1712	SAENZ ESCALANTE KARLA VALERIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1713	PEREZ VAZQUEZ EDGAR ARTURO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1714	QUIÑONES MEDINA EDGAR IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1715	SANCHEZ RUIZ EDGAR JAMES	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1716	NUÑEZ MURILLO EDGAR JULIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1717	VILLANUEVA RUBIO EDGAR OMAR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1718	MENDOZA VELAZQUEZ EDITH ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1719	MORALES GUTIERREZ EDITH JANETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1720	SANCHEZ GOMEZ EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1721	SANCHEZ LOPEZ EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1722	HERNANDEZ AGUIRRE EDWIN ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1723	FLORES CARRILLO ELIA NATALY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1724	CASTRO TERESA LEOPOLDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1725	FEREZ SOTELO ELIAS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1726	VARGAS GONZALEZ KENIA JOHANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1727	HOLGUIN BAEZA AARON EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1728	FIGUEROA RIVERA ELIDA JUDITH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1729	FIERRO CORONADO ELIEZER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1730	MARIN MUÑOZ ELIZABETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1731	BURCIAGA BUSTAMANTE ELIZABETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1732	CERA GUTIERREZ ELIZABETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1733	MORA DOMINGUEZ KENYA ISAI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1734	GRADO CALVILLO EMMANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1735	JIMENEZ LLANO ERICK	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1736	MORA ZERMEÑO KERMITH IVAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1737	JIMENEZ BURCIAGA ERICK EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1738	PRIETO MOTIS ERICK IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1739	GUTIERREZ GONZALEZ LUCIA SOCORRO	52	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1740	RIOS CISNEROS KEVIN ARTURO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1741	GUERRERO MENDIAS ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1742	HEREDIA CHAVEZ ERICK JERSAIN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1743	BERMUDEZ PILLADO ERICKA PAMELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1744	SALINAS DEL VAL KITZEA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1745	ESCUDERO HOLGUIN ERIK ISAI	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1746	GRANILLO LOPEZ ERIKA ARALY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1747	RAMIREZ VELAZQUEZ JOSE	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1748	RODRIGUEZ GOMEZ ESMERALDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1749	ONTIVEROS SOTELO AARON ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1750	PEREZ HERRERA ESTEFANIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1751	GOMEZ ACEVEDO ESTEFANY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1752	BANDA PADILLA KITZIA DAYANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1753	MIMBELA CARMONA LADY NAYELI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1754	MENDOZA ORTEGA ESTEFANY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1755	NAJERA SAENZ EVER ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1756	CERVANTES TREJO FABIAN ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1757	VERDUGO DE LA FUENTE LARISSA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1758	CISNEROS LOPEZ FABIOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1759	CARREON ALVAREZ FABIOLA ROCIO	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1760	CORRAL HERNDON FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1761	DIAZ MURILLO MARTHA LILIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1762	VAZQUEZ TORRES FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1763	GARCIA VENZOR MARTIN	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1764	CHAVEZ HERNANDEZ LARISSA JOHANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1765	MONTAÑO MUÑOZ FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1766	MENDOZA ANDUJO MANUEL ARTURO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1767	MICHEL URBINA MARGARITA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1768	LOPEZ RAMOS FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1769	DE LA GARZA BAYON MARIA DEL CARMEN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1770	CAMPOS TERRONES MARIA ELENA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1771	MOLINA LUNA FLOR AZUCENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1772	ORTIZ GONZALEZ FLOR MARIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1773	ZAVALA MEDINA LAURA CAROLINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1774	PUNTE GONZALEZ FRANCISCO ABDALAH	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1775	TABANICO TAPIA LAURA ITZAYANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1776	XIMELLO PANDO FRANCISCO EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1777	GONZALEZ VALENCIA FRANCISCO JAVIER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1778	GOMEZ LARA FRANCISCO NICOLAS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1779	DOMINGUEZ ALVARADO FRINEE PAULINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1780	MARTINEZ SANDOVAL LAURA MICHELLE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1781	MORALES RUIZ LAURA ROSALBA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1782	DIAZ BACA MARIA LAURA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1783	PUERTAS ROMERO MARIA MELISSA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1784	FERNANDEZ MUÑOZ MARIANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1785	SANCHEZ SAENZ GABRIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1786	CASTRO CAMPOS LAURA VERONICA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1787	RODRIGUEZ GONZALEZ LEONCIO ARMANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1788	ALCANTARA CALLEROS GABRIEL EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1789	PONCE ALVARADO GABRIEL ENRIQUE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1790	HOLGUIN SANCHEZ AARON RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1791	PRIETO VILLASANA GABRIELA ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1792	RIVAS MEZA LESLEY GUADALUPE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1793	MAGUREGUI OSORNIO GABRIELA INDIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1794	ESTRADA GALLEGOS LEYLANI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1795	DE MARZO CHAVEZ GIACOMO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1796	GAYTAN ORDUÑO GIBRAN ADOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1797	CARREON REGALADO MANUEL GERARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1798	CASTILLO ALVAREZ GIZEL YANETT	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1799	VENZOR MINGURA GRECIA MARGARITA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1800	RODRIGUEZ GODOY MANUEL RICARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1801	AGUIRRE RUBIO ALEJANDRA IVETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1802	ACOSTA PALMA GUILLERMO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1803	ARANA PEÑA MARCELA IVETTE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1804	BARRON LOZOYA GUILLERMO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1805	VARGAS SERNA GUSTAVO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1806	DOMINGUEZ AHUMADA GUSTAVO ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1807	SANCHEZ HERRERA GUSTAVO ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1808	SOTELO MENDIAS HEBER SAUL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1809	BALDERRAMA ORTIZ HECTOR ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1810	QUEZADA SOLANO HECTOR GERARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1811	RODRIGUEZ CASTILLO HECTOR IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1812	GONZALEZ APODACA MARCO HELI	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1813	VELARDE CALDERON ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1814	MELENDEZ SALCIDO HECTOR SIRETH	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1815	ROSAS CID HELMER JAEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1816	VILLEGAS TREVIZO LINDA ABIGAIL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1817	ESPINOSA BANDA HORACIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1818	HERRERA MENDOZA HORACIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1819	VELAZQUEZ LOPEZ HUGO ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1820	MONTOYA SOTO HUMBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1821	LOMELI MONTES MARGARITA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1822	JAUREGUI SALAZAR ILLICH ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1823	POLANCO HERRERA LIZANIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1824	CAZARES SANCHEZ LIZEET CAROL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1825	GARCIA SALVATIERRA LIZETH ESMERALDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1826	CERVANTES GONZALEZ INDRA DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1827	COTA GUERRERO IRVIN ULISES	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1828	GARCIA SALAZAR IRVING RAMON	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1829	VELASCO SALGADO ABEL OSMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1830	PORTILLO JARAMILLO ISAI	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1831	OROZCO BEJAR ISAIAS ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1832	LOPEZ CASTORENA ISRAEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1833	TORRES MARTINEZ ISRAEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1834	RIVERO SOTO LESLIE PAMELA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1835	GARCIA LOPEZ MARIO ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1836	DIP FLORES LORENA IVETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1837	HARO VALLES ITZEL ANAI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1838	DEL VILLAR VEGA ITZEL KARELLI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1839	CHAVIRA GUTIERREZ ITZEL VIRIDIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1840	MANCINAS VAZQUEZ IVAN FRANCISCO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1841	OCHOA ADAME IVONNE ALEJANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1842	CHAVEZ CHAIREZ JACOB ESAU	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1843	CASTILLO DIAZ JAELE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1844	MONARREZ ONTIVEROS JAVIER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1845	TREJO TRENTI LUCIA DANAE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1846	RAMOS HERNANDEZ JAVIER ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1847	CABALLERO SAENZ JAVIER ANIBAL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1848	PEINADO ROMAN JAVIER ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1849	CAMARILLO POLANCO JAVIER EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1850	MORALES ORONA MARTHA PAMELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1851	LUCERO RASCON LUIS ADRIAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1852	CORCINO GUAJARDO JAVIER IGNACIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1853	ORTA ORTIZ ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1854	SANTA ROSA MENDOZA JENNY GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1855	CHAVARRIA MARQUEZ JENNY MILIAIR	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1856	LETECHIPIA RAYA ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1857	CANO ESTRADA JENY GRISEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1858	BARRAZA PEREZ ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1859	RUIZ RUEDA LUIS ALBERTO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1860	GUILLEN FLORES JESSICA LIZBETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1861	BALDENEGRO SAENZ LUIS FERNANDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1862	GUERRERO HERRERA LUIS ANTONIO	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1863	HOLGUIN FLORES ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1864	URANGA RIVERA JESSICA MARCELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1865	MELENDEZ GUZMAN LUIS ALFONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1866	LOYA FUENTES JESSICA VANELLY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1867	MENDOZA GUERRERO ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1868	LASOS LUNA JESSICA VIRIDIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1869	AGUIRRE REYES JESUS ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1870	NAVA GUTIERREZ JESUS ALFONSO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1871	ROSETTE TALAMANTES LUIS HECTOR	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1872	ESPINOZA JUAREZ LUIS ALFONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1873	ENRIQUEZ VILLALBA ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1874	WEBER HOLGUIN ABRAHAM ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1875	RODRIGUEZ CASTRO ABRAHAM ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1876	ESPARZA TORRES ABRAHAM DARIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1877	CARDENAS LUJAN ABRIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1878	DOMINGUEZ ESCOBAR ABRIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1879	BOLIVAR SIGALA ABRIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1880	GALLEGOS FAVELA ABRIL FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1881	LOZANO FERNANDEZ ABRIL LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1882	LOMAS MONTES ADRIAN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1883	FLORES SAENZ ABRIL YULIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1884	RODRIGUEZ DOMINGUEZ JESUS ALFREDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1885	TREVIZO CASTILLO JESUS ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1886	VARGAS MARIN JESUS DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1887	RODRIGUEZ FIERRO MARIO ALBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1888	TORRES MARTINEZ JESUS DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1889	CAMACHO SILVAS LUIS ARTURO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1890	DE LA ROSA VARGAS LUIS CARLOS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1891	REYES DIAZ ADRIAN SAMUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1892	TORRES RAMIREZ LUIS DONALDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1893	LEDEZMA VARGAS JESUS DANIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1894	AGGI BENCOMO JESUS EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1895	VENEGAS ALANIZ JESUS IGNACIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1896	TORRES AVITIA LUIS FERNANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1897	RODRIGUEZ SOTO LUIS FERNANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1898	ROSALES REYES JESUS JAVIER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1899	FIGUEROA PAZ MARIO DA AT	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1900	GONZALEZ SIMENTAL MARISELA	64	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1901	OROZCO . LUIS ENRIQUE	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1902	CARRASCO LAMELAS ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1903	PONCE GARCIA MARISOL	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1904	LOPEZ ESCOBEDO MARTIN ALONSO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1905	LOZANO GARAY JESUS MANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1906	CORREA CASTILLO LUIS FERNANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1907	SANTIESTEBAN CORTES JESUS MANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1908	MOLINA RAMIREZ ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1909	ALTAMIRANO CONTRERAS LUIS JAVIER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1910	IRIGOYEN RAMIREZ JESUS MARIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1911	ARANDA DE LA ROSA JESUS NOE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1912	ZUBIA MONTES JESUS OCTAVIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1913	HEREDIA SOLIS LUIS RAMON	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1914	FERREIRA JUAREZ LUIS VICENTE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1915	ROJAS VAZQUEZ JESUS RODRIGO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1916	MEDINA GOMEZ HERMILA	67	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1917	GONZALEZ LOERA JESUS SALVADOR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1918	MARTINEZ NORIEGA MARTIN ALFONSO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1919	ZARATE LOZANO JIMENA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1920	LOPEZ ARELLANO JOCELYNE FLOR	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1921	BORUNDA HERNANDEZ ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1922	SANTA CRUZ DE SANTIAGO ADALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1923	RAMIREZ QUINTERO ADAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1924	RODRIGUEZ FEMATT ADRIANA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1925	CARDENAS CORRALES ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1926	MICHEL MORENO ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1927	ROCHA DELGADO MARIA ROSELYN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1928	POLANCO PARRA AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1929	CHICO OBREGON ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1930	CASTILLO MARTINEZ ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1931	PARRA HERNANDEZ JOEL ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1932	SOLIS RENTERIA ALEJANDRO IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1933	PEREZ DIAZ DE LEON ALEX	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1934	HERNANDEZ JUAREZ ALEXA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1935	CHAVEZ CASTILLO LUISA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1936	FLORES GONZALEZ ALEXA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1937	PRIETO GARCIA ALEXIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1938	FUENTES REZA ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1939	ALDAMA AMAYA ALFONSO ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1940	MORALES JACINTO JORDI VLADIMIR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1941	BACA PERCHES ALFREDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1942	ADAME VAZQUEZ ALFREDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1943	CORTEZ DOMINGUEZ ALICIA REBECA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1944	LABRA GONZALEZ ALIN YESSENIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1945	ANGEL MANRIQUEZ JORGE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1946	ESQUIVEL MORALES ALLAN HUMBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1947	ORTIZ RUIZ ALMA ARACELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1948	LOPEZ GARCIA JORGE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1949	VILLEZCAS VAZQUEZ ALMA DELIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
1950	RUBIO ONTIVEROS ALMA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
1951	VENEGAS CARRASCO ALMA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	KARINA									
1952	MARTINEZ PEDRAZA ALONDRA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1953	LOPEZ FERREL AMBAR ATENEA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1954	SALDAÑA CASTAÑEDA JORGE	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALAN									
1955	GUTIERREZ LOERA JORGE	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALBERTO									
1956	BERMUDEZ PILLADO AMERICA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
1957	PUENTE GONZALEZ AMY ANDREA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1958	ARZOLA MOLINA ANA AURORA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1959	TORRES ONTIVEROS ANA BELEN	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1960	RANGEL ACOSTA ANA CECILIA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1961	MARQUEZ PRIETO ANA KARLA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1962	RODRIGUEZ RODRIGUEZ ANA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	LAURA									
1963	GUILLEN VERASTEGUI JOSE	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1964	ROBLES BAQUERA ANA LUISA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1965	LEGARDA DELGADO JOSE	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFREDO									
1966	NARVAEZ DE LEON LUISA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	MARIANA									
1967	JIMENEZ BOJORQUEZ ANA LUISA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
1968	GUTIERREZ RAMIREZ JOSE	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANTONIO									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
1969	OLEA MARTINEZ ANA MARCELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1970	TREJO MARTINEZ JOSE ANTONIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1971	MATEO CARDOZA ANA MARIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1972	LEYVA AIZPURU ANA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1973	GIL HERNANDEZ ANA PAULA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1974	SERNA RUIZ ANA RAQUEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1975	CORDERO ARIZPE ANA RUTH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1976	PANDO SANCHEZ ANA SOFIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1977	ARIZMENDI RAMIREZ ANA SOFIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1978	JIMENEZ PIZARRO ANA VICTORIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1979	LOERA PEREZ ANABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1980	MAYNEZ PEREZ ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1981	GONZALEZ RICO ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1982	HERRERA CASTILLO ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1983	GARCIA FLORES ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1984	NAJERA MARTINEZ ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1985	CAROLINA AMADOR TOLEDO JOSE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1986	ERNESTO RICO DEL VILLAR ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1987	DANAHI PALMA SAENZ ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1988	GUADALUPE JUAREZ FLORES JOSE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1989	GUILLERMO PORTILLO PALMA ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	LORENA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
1990	MARTINEZ CORRAL ANDREA MICHELL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1991	RODRIGUEZ PONCE JOSE INES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1992	LOPEZ PALACIOS ANDREA MONICA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1993	DELGADO YAÑEZ ANDREA PAMELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1994	PANDELI DYCK ANDREA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1995	LIRA ACOSTA ANDREA SULIM	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1996	SANCHEZ VILLARREAL ANDREA VIANEY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1997	JUAREZ GARCIA ANDREA VICTORIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1998	ORTIZ PASILLAS ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
1999	PIÑON MARIN ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2000	ARMENDARIZ OLMEDO ANDRES ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2001	DIAZ PONCE DE LEON JOSE LUIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2002	GALLARDO CORTE ANDRES ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2003	ESPARZA GRIJALVA ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2004	MORALES DE LA TORRE ANGEL ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2005	RODRIGUEZ MONTEJO JOSE LUIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2006	PIÑON DIAZ ADRIANA KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2007	LOPEZ LEON ANGEL ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2008	MARTINEZ SANTILLAN ANGEL ARELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2009	OCHOA LANDEROS ANGELICA ARELI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2010	PEÑA CHAVEZ AHIDIL CITLALI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2011	RAMIREZ FIERRO ANNA KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2012	OLIVAS RIOS ANTONIO ODILON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2013	RIVERA FLORES ARACELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2014	GARCIA GONZALEZ ARAM JOSUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2015	TORRES IBARRA ARELY JOSELIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2016	RUIZ FLORES ARIADNA SABRINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2017	OROZCO REGALADO JOSE LUIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2018	NUÑEZ GAITAN JOSE OSCAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2019	PAYAN ANAYA LUZ FABIOLA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2020	TREJO VILLALOBOS ARIADNA YADIRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2021	CHAVEZ MARTINEZ LYDIA ELYDEN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2022	PEREZ ESTRADA JOSE SALVADOR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2023	ALMANZA CONTRERAS ARIEL ERNESTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2024	SILVA VARGAS ARLETTE KARINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2025	GAYTAN PONCE ARNOLDO RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2026	REYES LOPEZ JOSIAS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2027	BUJAJIDAR CHAVEZ AHLANI SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2028	RODRIGUEZ MORALES AYLIN ARELI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2029	RODRIGUEZ MORALES AYLIN NATALI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2030	MARTINEZ HERNANDEZ AZUCENA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2031	MARTINEZ VARGAS BECSY DANIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2032	RODRIGUEZ DOMINGUEZ BENJAMIN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2033	SALAZAR FAUSTO MADELEINE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2034	HERNANDEZ ESCAMILLA BERENICE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2035	IBARRA DELGADO BERNARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2036	RODRIGUEZ ARRIOLA JUAN ANDRES	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2037	RAMIREZ ITUARTE BIANCA VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2038	LOYA TORRES BIBIANA ARAI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2039	MORGA CASTRO BRANDON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2040	ZAMORA DELGADO BRANDON ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2041	GOMEZ ORONA BRAYAN ABINADAB	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2042	DE LA CRUZ ARMENDARIZ AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2043	AYALA NAJERA BRENDA CAROLINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2044	MARQUEZ LEDEZMA BRENDA GEORGINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2045	GAYTAN BUSTILLOS JUAN BERNARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2046	PEDROZA SALAZAR BRENDA JAQUELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2047	BERMUDEZ OROZCO AISLINN ENID	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2048	GONZALEZ OLIVAS BRENDA JUDITH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2049	MORENO LEYVA BRENDA VICTORIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2050	MADRID CARDONA MARIA TERESA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2051	LOYA GARCIA JUAN CARLOS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2052	GRANADOS ARMENDARIZ BRISA JAQUELINE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2053	HERRERA GOMEZ BRISSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2054	BOLIVAR GARZA JUAN CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2055	PAYAN VILLANUEVA ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2056	EGUIARTE ALATORRE JUAN DIEGO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2057	SERRANO BOJORQUEZ BRYAN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2058	TENA MARTINEZ BRYAN ISAAC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2059	CABADA ALCALA BRYAN ULISES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2060	GUTIERREZ QUINTANA BYANCA KARINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2061	SANTANA ANGUIANO CARINA ROCELIN	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2062	BARRIOS CHAVEZ CARLA DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2063	ALVAREZ FELIX CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2064	GONZALEZ TREJO CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2065	ALLANDE BARRON CARLOS ABDAL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2066	JIMENEZ CARRERA CARLOS ABRAHAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2067	SANCHEZ HERNANDEZ CARLOS ALAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2068	ACOSTA PALACIOS CARLOS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2069	VILLEZCAS PACHECO CARLOS ALEXIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2070	BORJAS MEJIA CARLOS ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2071	JAQUEZ ESCARCEGA CARLOS ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2072	CRUZ VELAZQUEZ JUAN FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2073	MONTAÑO BARRAZA CARLOS EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2074	CARREON RASCON CARLOS EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2075	FIERRO OLIVAS JUAN JOSE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2076	LOPEZ ENRIQUEZ JUAN MANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2077	VILLA CHAVEZ CARLOS EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2078	CONTRERAS CUEVAS CARLOS EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2079	JAQUEZ CARRILLO JUAN PABLO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2080	CASTELLANOS DELGADO CARLOS EVER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2081	BLANCO TERRAZAS CARLOS FRANCISCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2082	BUENO CASTAÑEDA CARLOS GEOVANNI	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2083	MENDOZA ACEVES CARLOS IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2084	MENDEZ OCHOA AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2085	ESCOBAR SOSA CARLOS ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2086	HERRERA FRAGOZO CARLOS RODOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2087	ESCALANTE ERIVES CARLOS RUBEN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2088	TREJO CARRILLO JUAN SEBASTIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2089	PIÑON LOPEZ CARMEN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2090	CERECEDA MAYNEZ CARMEN ILEANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2091	HERNANDEZ FIERRO CAROLINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2092	MATIAS CHAVARRIA JUAN CARLOS	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2093	DELGADO RENTERIA JUAN PABLO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2094	LUGO JASSO CAROLINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2095	SAENZ DE LA RIVA MARIA VANESSA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2096	PACHECO LOEWEN CAROLINA KORNELIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2097	COLLAZO BALDERRAMA CECILIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2098	PAZOS TORRES CECILIA ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2099	ARIZPE SALCIDO JULIO CESAR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2100	MARTINEZ HERNANDEZ CECILIA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2101	DIAZ LOYA CESAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2102	ANSELMO DELGADO CESAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2103	AGUILAR ESTRADA CESAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2104	DIAZ CHAVEZ CESAR ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2105	URANGA HERNANDEZ CESAR ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2106	BRAVO GARCIA CESAR ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2107	GUTIERREZ SONORA JULISMA ARELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2108	MOLINA TREVIÑO CESAR AUGUSTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2109	SAMANIEGO FRANCO CESAR EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2110	RUVALCABA TORRES CESAR ERNESTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2111	DE LA CRUZ MONCADA ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2112	PADILLA VELETA CESAR IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2113	FERNANDEZ ARMENDARIZ CESAR VICENTE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2114	MORALES RAMIREZ MA. DEL ROSARIO	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2115	PLASCENCIA QUEZADA CESIA SAMARAIM	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2116	DIAZ RIVERA CHRISTIAN ADRIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2117	CASAS MENDOZA CHRISTIAN EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2118	JURADO GONZALEZ CHRISTIAN JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2119	LUNA LEON ADAN ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2120	GONZALEZ MARQUEZ CINDY KARINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2121	ACOSTA BAAS CINTHIA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2122	SALIDO GUADARRAMA CLAUDIA IVONNE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2123	CARRILLO PAYAN CLAUDIA KARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2124	SANCHEZ CUEVAS CRISTHIAN ALAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2125	NORIEGA SAGARNAGA AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2126	ALMUIÑA ORTIZ KARELY KRYSTAL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2127	MONTIEL PEREZ CRISTIAN ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2128	MANCINAS PORTILLO CRISTIAN DAVID	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2129	VENEGAS CENTENO CRISTIAN IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2130	TARANGO MENDOZA CRISTIAN MIGUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2131	REY URIAS CRISTINA ALONDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2132	RAMIREZ RODRIGUEZ KAREN ADRIANA	26 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2133	CARRERA CAZARES CRISTINA JEAN	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2134	CARDENAS MARTINEZ KAREN ALICIA	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2135	GONZALEZ BELTRAN CRUZ ARMANDO	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2136	ALVAREZ ALVAREZ CYNTHIA AYLIN	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2137	VILLARREAL SANCHEZ CYNTHIA RAQUEL	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2138	URQUIZA RUIZ DAISY JANETH	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2139	MENDOZA GONZALEZ DALLANY VANESSA	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2140	GONZALEZ DURAN MANUEL	27 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2141	MARRUFO CASTILLO ALAN ALBERTO	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2142	VALENZUELA VARGAS DAMARIS	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2143	IBARRA CARRILLO DAMARIS DE JANETH	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2144	CHAVEZ CHAPARRO KAREN ELENA	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2145	CASTRO CALDERON DAMARIS ELIZABETH	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2146	LOPEZ CHAVEZ DAN ISRAEL	25 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2147	CERECERES JAVALERA DANIA BERENA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2148	FLORES RIOS DANIEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2149	MEDINA GANDARILLA DANIEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2150	PEREZ DIAZ ALAN ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2151	LOYA ALVARADO DANIEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2152	ZAPATA JIMENEZ DANIEL ALBERTO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2153	VAZQUEZ PICHARDO DANIEL ALBERTO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2154	GUTIERREZ IRIGOYEN DANIEL ANTONIO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2155	LOPEZ VENZOR KAREN ESMERALDA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2156	CORONA SANCHEZ ALAN ARTURO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2157	MARTINEZ ACOSTA DANIEL ERNESTO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2158	VALDES BORUNDA DANIEL FERNANDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2159	GRANADOS PRIETO DANIEL IVAN	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2160	RODRIGUEZ BANDA AARON ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2161	GALLEGOS PADILLA DANIEL ROBERTO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2162	BAILON LUJAN KAREN GABRIELA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2163	ESPARZA MORALES KAREN GUADALUPE	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2164	GARIBAY LUNA MARISOL	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2165	ORNELAS ENRIQUEZ DANIELA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2166	RUIZ DE LA CRUZ DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2167	CHAVIRA MUÑOZ DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2168	HERRERA IBARRA DANIELA IRINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2169	TREVIÑO OROZCO DANIELA ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2170	MENDEZ RODRIGUEZ DANIELA IVETTE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2171	SALCIDO NEGRETE DANIELA PATRICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2172	PALOMINO PEREZ KAREN PRISCILA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2173	LERMA HERNANDEZ DANIELA YAHAIRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2174	LOPEZ REZA DANYA HELENE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2175	BRICEÑO GALLEGOS KARIM OBED	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2176	VENEGAS CHAVARRIA DAVID	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2177	HERNANDEZ . DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2178	PACHECO RIOS AARON NOE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2179	DOMINGUEZ ALVAREZ DAVID	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2180	DUARTE ANAYA DAVID ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2181	LOPEZ RODRIGUEZ MANUEL ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2182	TIRADO LOPEZ KARINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2183	CAMPOS CHAVEZ DAVID ANTONIC	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2184	VELADOR QUEZADA DAVID ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2185	SANDOVAL CAVAZOS DAVID ELIAS	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2186	CHAVIRA CHAVERO DAVID GERARDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2187	HERRERA MARTINEZ MANUEL	50 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2188	MORENO RIOS DAVID MANUEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2189	PALACIOS RAMIREZ DAVID URIEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2190	RENTERIA RENTERIA DAYANARA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2191	RODRIGUEZ GARCIA DAYANNA ALEJANDRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2192	ESCARCEGA CALDERON DAYNA MARISOL	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2193	PAREDES LOYA KARINA RUBI	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2194	MARTINEZ LEYVA DENISSE ALEIDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2195	MUÑOZ GRANADOS DENISSE CECILIA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2196	MENDIAS ARAGON DENISSE CRISTINA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2197	MARTINEZ PORTILLO DEVANI VALERIA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2198	RODRIGUEZ GASTELUM DIANA DANIELA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2199	ALMANZA ORTIZ KARLA GUADALUPE	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2200	FIERRO PEREZ DIANA LAURA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2201	BERMUDEZ GUTIERREZ DIANA LAURA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2202	SANCHEZ AGUIRRE KARLA IVONNE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2203	RUACHO MENDOZA DIANA LAURA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2204	HERNANDEZ GOMEZ DIANA LAURA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2205	SALAIZA RUIZ DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2206	LARA CERROS ABDIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2207	PRIETO MONARREZ ABDIEL AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2208	CASTILLO NUÑEZ KARLA MICHELLE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2209	AMADOR CARRILLO ALAN DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2210	HERRERA ARANDA DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2211	PORRAS ARAMBULA DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2212	ORONA NEVAREZ DIANA LAURA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2213	HOLGUIN LOZOYA DIANA LIZBETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2214	ROJO ACOSTA DIANA MICHELLE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2215	NUÑEZ CHAVEZ KATHIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2216	MORENO VARGAS DIANA PATRICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2217	PIÑON PAYAN DIEGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2218	CARVAJAL FIERRO DIEGO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2219	CASTILLO VILLA DIEGO ARAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2220	SAENZ CHACON LILIANA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2221	RODRIGUEZ ORTEZ DIEGO JOVANNI	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2222	SOTO RODRIGUEZ ALAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2223	LOPEZ RIOS DINORAH ITZEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2224	DOMINGUEZ VILLA KATHIA VALERIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2225	HERNANDEZ ALARCON KATHIE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2226	CASTAÑEDA OLIVAS DINORAH VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2227	SANCHEZ ORTIZ MAYRA ALEJANDRA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2228	FAUSTO GRACIA DONOVAN JORGE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2229	OLIVAS MARTINEZ EDGAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2230	PIZARRO GUTIERREZ EDGAR EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2231	TORRES MOLINA EDGAR EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2232	DELGADO ROJAS EDITH AIMEE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2233	GALINDO GRIJALVA EDITH VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2234	PORRAS DORAN KATHYA ITZEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2235	GONZALEZ VILLA EDNA LETICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2236	CONDE FLORES EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2237	GUEVARA GONZALEZ EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2238	GALAVIZ AGUIRRE KATHYA PAOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2239	NUÑEZ ESPINOZA EDUARDO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2240	GRIJALVA ANCHONDO EDUARDO FRANCISCO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2241	REYES PARGA EDUARDO MANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2242	PEREZ SOTO MANUEL HAZHEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2243	ORDOÑEZ LOYA KATIA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2244	CHAVEZ ENRIQUEZ EDWIN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2245	REYES RECOBOS EDWIN FEDERICO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2246	CARRILLO PEINADO EINER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2247	VERDUGO DE LA FUENTE ELIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2248	DOMINGUEZ LABRADO ELIAS ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2249	ROBLES LUCERO MARITZA PAMELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2250	ALVARADO BORUNDA ELIDA VANESSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2251	CRUZ SANTOS ELIZABETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2252	GARCIA GARCIA ELSA MIRIAM	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2253	LAZOS GARCIA ERENDIRA DINORAH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2254	DAVILA ERIVES ERICK	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2255	HERNANDEZ QUINTANA ERICK ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2256	JAQUEZ NAVARRETE ERICK ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2257	BERRONES GARZA MARIAN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2258	PACHECO MORENO ERICK GUADALUPE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2259	DOMINGUEZ PARADA KENNIA JOANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2260	GOMEZ GONZALEZ ERIK EMMANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2261	ABOYTES MEJIA ESPARTACO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2262	FUENTES LUNA ESTEFANIA CONCEPCION	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2263	OCHOA MIRANDA EUNICE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2264	ALVARADO FIERRO EVELIN GISELLE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2265	JURADO . EVELYN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2266	UGARTE SAENZ KEVIN ABDIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2267	SALCIDO GALVAN MARTIN OSWALDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2268	VIDALES REYNA MARCELA IMELDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2269	VILLALOBOS ROMERO FABIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2270	CARDOSO BERMEO FABIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2271	HERNANDEZ FONSECA MARCO ANTONIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2272	NAJERA GONZALEZ MARELI GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2273	LEVARIO CASTILLO FATIMA ANAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2274	AZAR GONZALEZ FEDERICO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2275	CISNEROS ROMERO KEVIN ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2276	MARTINEZ LARRAN FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2277	ORTEGA RUIZ ABEL SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2278	ORTIZ HERNANDEZ ABELARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2279	ZUÑIGA GALLEGOS MISAEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2280	LOPEZ PARRA FERNANDA ANAHI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2281	DOMINGUEZ TELLEZ FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2282	SANTOS MARTINEZ FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2283	DUEÑAS GARDEA FERNANDO ARTURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2284	LOZANO OROZCO ABELARDO ANDREI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2285	LUNA RICO KEVIN EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2286	LOPEZ ANTILLON FERNANDO EVERARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2287	RICALDE CASTAÑEDA FERNANDO IRAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2288	MOTA PRIETO MARTIN ALONSO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2289	CHACON CORRAL FLOR ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2290	SOLIS GARDEA FLOR ROSARIO	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2291	GUERRERO HINOJOS KEVIN PAUL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2292	SANCHEZ TERRAZAS FLORA MICHELL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2293	GRANADOS ORDOÑEZ FRANCESCO ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2294	RODRIGUEZ RAMIREZ FRANCISCO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2295	MADRID TORRES ABI AHOLIBAMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2296	GUZMAN BALANZAR FRANCISCO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2297	CANO FERRALES LAURA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2298	CHAVEZ DE LA RIVA FRANCISCO ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2299	TOVAR TERAN LAURA ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2300	CASTAÑEDA RIOS LAURA CATALINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2301	MARMOLEJO GARZA LAURA JANETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2302	LOYA VALVERDE MARIA DE LOS ANGELES	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2303	SOSA CHAVEZ FRANCISCO GERARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2304	RUIZ HOLGUIN MAUREEN BERENICE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2305	FRAUSTO TORRES FRANCISCO JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2306	REZA LOYA FRANCISCO JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2307	GALLEGOS LOZOYA FRANCISCO SEBASTIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2308	BOJORQUEZ VAZQUEZ MARIA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2309	ESPARZA QUEZADA MARIA ISABEL	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2310	VIZCARRA SAENZ FRIDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2311	TERRAZAS ORTIZ MAURICIO	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2312	LIMON ENRIQUEZ MARIO ALBERTO	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2313	ARIAS LAGOS JUDITH	44 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2314	MENDEZ DURAN LAURA MICHELLE	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2315	AGUILAR CERRILLO GABRIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2316	MUÑOZ MUÑOZ GABRIELA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2317	HOLGUIN DE LAS CASAS GABRIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2318	ESPINOZA UNZUETA GENESIS OFELIA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2319	ESCOBEDO RODRIGUEZ GERARDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2320	MACIAS DOMINGUEZ LAURA VANESSA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2321	MARTINEZ CORRAL MARIO IVAN	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2322	VILCHIS SERNA GERARDO ALBERTO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2323	CHAVEZ QUINTERO LEONARDO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2324	CARREON GRANADOS LEONEL ALAN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2325	BACA GONZALEZ GERARDO IVAN	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2326	AGUIRRE MARQUEZ GIL ARNOLDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2327	CASTILLO ROJAS GLORIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2328	PACHECO MONTEJANO GLORIA ILIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2329	PUNTES ACOSTA LESLIE SELENE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2330	SOTO ANCHONDO LILIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2331	RODRIGUEZ ZAMBRANO LIZETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2332	ROJAS CARRILLO GRACIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2333	CHAVEZ MUÑOZ LORENA ANDREA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2334	ANCHONDO FLORES MARIA LUISA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2335	RODRIGUEZ PEÑA GRETTEL RAQUEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2336	GARCIA PORTILLO GRIZEL LILIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2337	RODRIGUEZ GUTIERREZ MARIANA DENISE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2338	HERRERA SOTO GUILLERMO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2339	AZPEITIA CARDONA ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2340	VILLALOBOS PEREZ LUIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2341	DAGDUG SOTO GUSTAVO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2342	ISLAS LARA GUSTAVO ALEXIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2343	AGUIRRE MIRELES ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2344	GARCIA ROBLES GUSTAVO ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2345	VALDEZ ESQUIVEL LUIS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2346	MENDEZ ALMAGUER HAROLD	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2347	DE LA FUENTE AVILA LUIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2348	CAMPOS SAENZ LUIS ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2349	ROCHA BUENOSTRO HAYDE CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2350	GARCIA GOMEZ ALAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2351	MARTINEZ MOLINA HECTOR ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2352	DOMINGUEZ MINGURA LUIS ALFONSO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2353	ESTRADA MURILLO HECTOR CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2354	PONCE CERA LUIS ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2355	CORTINA LOPEZ HECTOR DANIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2356	FIERRO FLORES HECTOR EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2357	MARTINEZ FONSECA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2358	TORRES DURAN LUIS ANGEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2359	SEÑEZ SEPULVEDA LUIS RAUL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2360	AREVALO HERNANDEZ HECTOR RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2361	FERNANDEZ GARCIA LUIS ARMANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2362	CORRALES CARRILLO ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2363	SOSA CARNERO NESTOR MANUEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2364	GUTIERREZ PONCE ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2365	IBARRA ARREOLA HILARY SAHAIRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2366	ANTILLON ROMERO ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2367	ZAVALETA SALINAS MOISES CAIN	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2368	NUÑEZ ESPINOZA ABIMAEI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2369	DURANT TERRAZAS ALAN GERARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2370	RAMOS NAÑEZ MAYRA IVETTE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2371	BUSTILLOS AYALA ABNER JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2372	LOPEZ PIÑON ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2373	IBARRA LINARES ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2374	GONZALEZ MACIAS ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2375	BATISTA OLIVAS ABRAHAM ARNULFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2376	JAUREGUI RODRIGUEZ ABRAHAM FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2377	SALAS CARRAZCO ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2378	ALDERETE RAMIREZ ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2379	ONTIVEROS FLORES ADAN GUILLERMO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2380	ESTRADA RASCON ABRIL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2381	JAQUEZ MEDINA ABRIL AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2382	GONZALEZ FLORES LISSA NAY	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2383	GARCIA FLORES HILDA GABRIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2384	LOPEZ GUERRERO ALAN IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2385	SACRISTAN LEGARDA ABRIL DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2386	ARMENDARIZ RODELA ABRIL FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2387	ROMERO LOYA ABRIL JOSELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2388	REYES ARRIAGA ADAN JARED	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2389	QUEZADA SOTO ADOLFO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2390	VALENZUELA TALAVERA ALAN JAIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2391	VELAZQUEZ MARTINEZ MAYRA KARINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2392	GARCIA ACOSTA LUIS CARLOS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2393	FLORES BARAJAS LUIS CARLOS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2394	LOPEZ RODRIGUEZ LUIS DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2395	MARTINEZ OJEDA HIRAM ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2396	HACKLEEN ORTIZ HIRAM URIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2397	VARGAS CALVILLO HOSVANY ALONZO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2398	PINO FAN MELVI ESTEFANI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2399	LUVIANO OCHOA LUIS FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2400	CASTRO LEYVA HUGO ALEXANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2401	MARTELL CONTRERAS HUMBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2402	CHAVEZ VAZQUEZ LUIS FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2403	GUTIERREZ DOMINGUEZ HYRAM ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2404	ROBLES VENZOR JULIO CESAR	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2405	CASAS OLIVARES HYRUM ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2406	PIÑON BALDERRAMA MARCO ANTONIO	50	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2407	GONZALEZ NUÑEZ MIGUEL ANGEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2408	AGUIRRE BALDERRAMA IAN ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2409	RODRIGUEZ FIERRO IAN RENEE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2410	TARANGO HERNANDEZ IDALHY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2411	MAGALLANES ORTIZ IRAM	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2412	SANCHEZ SAUSAMEDA ALAN SAID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2413	JIMENEZ BAUTISTA IRASEMA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2414	SOLIS HEREDIA IRMA VIVIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2415	MOLINA VALENZUELA IRVIN ALAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2416	VILLEZCAS VENEGAS IRVIN DANIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2417	BEJARANO PUENTES MELANY MARITZA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2418	VASQUEZ BAILON MIGUEL ANGEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2419	RUBIO ESTRADA LUIS FERNANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2420	BERNAL DURAN NALLELY	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2421	CAMPOS VALENZUELA IRVIN DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2422	SILVA MENDOZA IRVING	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2423	MEZA GONZALEZ LUIS FERNANDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2424	CEBALLOS GONZALEZ MARISELA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2425	GARCIA HERNANDEZ KAREN LILLIAN	43 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2426	PAYAN MORENO MARIANO ALEXIS	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2427	CASTAÑEDA PEREA LUIS FROYLAN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2428	HERNANDEZ PIMENTEL LUIS JOSE	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2429	ROMERO GONZALEZ IRVING ARTURO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2430	HOLGUIN QUIÑONEZ LUIS MANUEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2431	LOYA CHAVIRA IRVING JOSE	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2432	GARCIA CABALLERO MARCOS	47 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2433	MENA VELADOR IRWING IVAN	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2434	DOMINGUEZ GARCIA MARIZA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2435	DIAZ VARGAS ALAN ULISES	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2436	FIERRO ALDERETE ISAAC RAFAEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2437	SANCHEZ MENDOZA LUIS MIGUEL	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2438	ROJO ARANDA ALASKA NAYELY	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2439	BUSTILLOS ESPINO MARIEL SINAI	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2440	GUTIERREZ ZAMBRANO ALBA MARIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2441	CORIA OCHOA LUIS RENATO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2442	DE LA ROSA ZAMARRON ISRAEL ALAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2443	MADRID MOLINA MELISSA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2444	HERRERA TAPIA MA. GUADALUPE	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2445	SIMENTAL GONZALEZ ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2446	HERNANDEZ RUVALCABA KARLA GRACIELA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2447	RIOS DE LA TORRE JUAN CARLOS	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2448	CASTILLA BARRON MIRIAM CRISTINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2449	PARRA ESPINOZA ISLA MADAY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2450	LEM CHAVIRA ADOLFO ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2451	ROMERO HERRERA ABRIL KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2452	GOMEZ PARRA ALBERTO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2453	VILLALOBOS HERRERA ABRIL MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2454	GAMBOA VALENZUELA ADOLFO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2455	ARAIZA ARTEAGA ABRIL YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2456	PEINADO ORPINEL ADAYANSUN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2457	PRIETO MEDINA ALDAIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2458	MIJARES MENDOZA MARTIN ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2459	GIESBRECHT WALL ADELHEID ELAINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2460	DOMINGUEZ PACHECO ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2461	VELO REDE ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2462	SALDAÑA NUÑEZ ALDO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2463	TERRAZAS RODRIGUEZ ISMAEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2464	MORENO CHAPARRO ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2465	ENRIQUEZ CABRERA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2466	PORTILLO GUTIERREZ ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2467	ARMENDARIZ PORTILLO ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2468	OROZCO CHAVEZ ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2469	RUIZ GALINDO ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2470	ORNELAS MUÑOZ ISMAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2471	FIERRO TORRES ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2472	GARAY DOMINGUEZ ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2473	HERNANDEZ CARDONA ALEJANDRA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2474	CHAVEZ RIVERA ALEJANDRA JACQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2475	PEREZ MARTINEZ ISMENE VIRIDIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2476	BACA RIOS ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2477	MADRID MEDINA ITZEL VIANNEY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2478	DUEÑAS GARDEA ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2479	PRIETO DE LA CRUZ ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2480	FLORES ZUÑIGA ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2481	ALFARO QUIÑONEZ ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2482	GONZALEZ NAVARRO ALEJANDRO ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2483	RUIZ ORDOÑEZ ALEJANDRO JESSE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2484	LEYVA RENTERIA ALEM OBED	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2485	BARRERA ORDOÑEZ ALEXA SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2486	SERNA LOPEZ IVAN ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2487	MORENO AVALOS ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2488	MARTINEZ GUTIERREZ NANCY ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2489	FRAGA GARCIA ALEXIS EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2490	CONTRERAS PILLADO ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2491	GUERRERO TORRES IVAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2492	VEGA ORTIZ ALFREDO HORACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2493	PALMA CAZAREZ ALICIA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2494	HERNANDEZ ARMENDARIZ ALONDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2495	DOMINGUEZ AGUIRRE ALONDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2496	TARIN LUCIO IVAN FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2497	NIETO RIOS ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2498	DOMINGUEZ GARCIA ALONDRA CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2499	ARREOLA FERNANDEZ AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2500	VILLARREAL CALAMACO ALONDRA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2501	OLIVAS RAMIREZ MARINA ITZEL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2502	LUEVANO ESTRADA ALONDRA JUDITH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2503	ZUBIA PRIETO ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2504	ONTIVEROS MORALES ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2505	BURCIAGA MARIÑELARENA AMAYRANI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2506	ESPINOZA MARQUEZ AMERICA ARACELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2507	VARELA HERNANDEZ AMERICA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2508	SANTOYO GUTIERREZ AMERICA UXMALITZE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2509	CORRAL RODRIGUEZ AMIEL YARETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2510	QUINTANA REYNOSA MARTIN ALEJANDRO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2511	UDAVE RIVAS AMILCAR DYMITRY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2512	DIAZ FUENTES AMMER ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2513	RENERIA CARRILLO ANA ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2514	ESPINO NAVA IVAN ISAHÍ	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2515	ALVAREZ RAMOS IVAN JOSUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2516	SALGADO PRIETO ANA CARMINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2517	CONTRERAS WISBRUN ANA CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2518	RIVERA ROSAS ANA CECILIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2519	ALMANZA CHAVEZ ANA KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2520	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2521	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2522	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2523	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2524	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2525	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2526	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2527	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2528	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2529	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2530	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2531	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2532	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2533	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2534	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2535	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2536	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2537	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2538	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2539	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2540	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2541	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2542	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2543	JACQUEZ TRILLO JAAZIEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2544	VALENZUELA ORTIZ ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2545	SANCHEZ BARRALES LUIS RICARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2546	AVILES ROJO ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2547	SANCHEZ ACOSTA ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2548	CHAVEZ VELAZQUEZ ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2549	REYES TAPIA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2550	RANGEL CHAVEZ ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2551	MARTINEZ QUIRARTE JACKELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2552	HERRERA MANRIQUEZ ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2553	BARRON RODRIGUEZ ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2554	CHAVEZ OLVERA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2555	ARREDONDO SILVA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2556	BOJORQUEZ GONZALEZ JACQUELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2557	GONZALEZ PAZ ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2558	HERRERA GOMEZ ANDREA BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2559	PAZ CAMPOS ANDREA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2560	OCHOA RODRIGUEZ ANDREA ISABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2561	AVILA LOZANO ANDREA LILIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2562	MIRANDA CHAVEZ MARISA JOSEFINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2563	ORTEGA REZA ANDREA LILIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2564	FLORES ARREDONDO ANDREA LIZBETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2565	HOLGUIN PIÑON LUISA ALEXANDRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2566	ARREOLA BARRERA ANDREA LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2567	CHAPA VALLES ANDREA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2568	CARREON GUTIERREZ ANDREA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2569	SOLANO BUSTILLOS JAEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2570	CRUZ VENEGAS ANDREA SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2571	OROZCO GUTIERREZ ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2572	GUANGORENA PADILLA ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2573	ESTRADA MEDINA ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2574	SILVA ORTEGA ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2575	VENEGAS AYALA ANDRES ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2576	FIGUEROA GARCIA JAFET	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2577	SANCHEZ CANO ANDRES FELIPE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2578	SANCHEZ JAQUEZ JAIME EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2579	ALVIDREZ PRIETO ANDRES GUSTAVO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2580	COBOS MARQUEZ ADRIAN ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2581	URBINA ARANDA ANDRES HUMBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2582	PEREZ CISNEROS MARYSOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2583	RODRIGUEZ BETANCOURT ANGEL	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2584	BAUTISTA CORDERO JAIME ENRIQUE	25 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2585	PORRAS PEREZ ANGEL ADRIAN	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2586	ORTIZ CARRILLO JANETH	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2587	RAMOS ROMAN ANGEL ALBERTO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2588	MUÑOZ MADRIGAL ANGEL DALHI	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2589	GONZALEZ SILVA ANGEL ENRIQUE	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2590	MENDEZ LARA ANGEL MANUEL	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2591	CUEVAS RODRIGUEZ JANETH ALONDRA	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2592	SAENZ ACUÑA ANGEL OMAR	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2593	MARTINEZ ESPARZA ANGEL RUBEN	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2594	MARENTES MEDINA ANGELA DEYANIRA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2595	VAZQUEZ GUERRERO JANETH GUADALUPE	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2596	OLIVAS PEREZ ANGELA JAZMIN	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2597	SIMENTAL MUÑOZ ANGELICA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2598	HERNANDEZ SAENZ ANGELICA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2599	RAMIREZ CORONA JANETH MARIANA	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2600	SOTELO MACIAS ANGELICA ANAHI	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
2601	BACA FLORES ANGELICA MARIA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2602	MORALES TRINIDAD JAQUELINE ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2603	SOSA YAÑEZ ANGELICA SARAHÍ	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2604	JUAREZ GOMEZ ANGELICA VIVIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2605	BUSTILLOS RASCON ANIRAM	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2606	VALENZUELA VALENZUELA ANTHEA OSIRIS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2607	LEYVA ORTEGA ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2608	FLORES PAREDES ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2609	MORENO QUINTANA ANYELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2610	OZAETA BUSTILLOS ARACELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2611	GONZALEZ ESPINO ARACELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2612	MORENO ORTIZ ARANELLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2613	SAENZ VILLALOBOS ARATH YOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2614	ESPARZA AVIÑA JARED ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2615	JIMENEZ BOLIVAR ARELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2616	LUNA REYNA ARIANA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2617	BERNAL LARA ARIANNA IDALY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2618	LUCERO GUTIERREZ ARLETTE ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2619	FLORES AROSTEGUI ARLETTE PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2620	TORRES SANCHEZ ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2621	MORENO CONTRERAS ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2622	ANDAZOLA SEPULVEDA ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2623	SANCHEZ OSORIO ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2624	OCHOA CABELLO ARNOLDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2625	CORTEZ DELGADO ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2626	RODRIGUEZ VAZQUEZ ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2627	REZA MUÑOZ ARTURO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2628	ESCOBEDO CARRILLO ASHLEY YADIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2629	CALANCHE CHAVIRA ASTRID DAENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2630	GUZMAN VILLA JARLINE DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2631	ORPINEL CASALE ASTRID SILVANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2632	AGUIRRE SERNA AXEL EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2633	BARRON VAZQUEZ AYLIN MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2634	ENRIQUEZ PORTILLO JASMINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2635	MIRANDA JIMENEZ MACARIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2636	ANAYA VAZQUEZ AYRTON URIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2637	ALVAREZ OLIVAS AARON ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2638	GARCIA MORENO AZUCENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2639	AVILA RASCON BAD RENE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2640	ARZABALA PICHARDO ADRIAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2641	SOTELO CORTEZ BALAM ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2642	ESQUIVEL REALYVAZQUEZ AARON ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2643	ARZAGA MORA BARBARA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2644	VALLES HERNANDEZ BARBARA ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2645	MORENO MORALES ADRIAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2646	SALAS MEDINA BARBARA JAZMIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2647	LOPEZ BACA BELEM ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2648	GONZALEZ CALLEROS BELEM CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2649	ZAGASTA RIVERA BERENICE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2650	OLIVAS MACIAS BERNABE GUADALUPE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2651	PEREZ PEREA ADRIAN FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2652	RODRIGUEZ CARRIZALES BIANCA PATRICIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2653	BENITEZ MOLINA BLADIMIR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2654	URANGA VAZQUEZ JATZIBE ARLETTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2655	GONZALEZ VALENCIA BLANCA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2656	GONZALEZ QUINTANA JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2657	RUBIO SANDOVAL JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2658	ESTRADA AGUIRRE BLANCA ELISA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2659	DOMINGUEZ HERRERA BLANCA LILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2660	JIMENEZ PORTILLO JAVIER AARON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2661	GUEREQUE CHAVIRA JAVIER ADRIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2662	PROSPERO ESPARZA BLANCA YANELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2663	ROBLES LOPEZ BLANCA YUDITH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2664	CARDENAS MURGUIA JAVIER ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2665	ALTAMIRANO DELGADO BRANDOM MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2666	PORTILLO GUZMAN JAVIER ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2667	RODRIGUEZ MARIZCAL BRANDON YAIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2668	CARRETE MARTINEZ BRAYAN RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2669	SANCHEZ AGUIRRE JAVIER ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2670	RUIZ CHAVEZ BRENDA ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2671	MEDRANO LOPEZ JAVIER EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2672	AGUILAR TERAN BRENDA ELISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2673	HERNANDEZ GARCIA JAVIER EZEQUIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2674	DELGADO RIVERA BRENDA GEORGINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2675	QUIÑONEZ LAMELAS BRENDA JACQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2676	VALDEZ ZEPEDA MA. GUADALUPE	53	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2677	MONTES HOLGUIN BRENDA JUDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2678	CHAVARRIA LIMAS BRENDA ROCIO	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2679	SOLORZANO SOTO MAGALI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2680	BARAY SAENZ BRENDA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2681	JUAREZ ROMERO JAVIER ISAAC	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2682	PEREZ LOPEZ BRENDA STEPHANIE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2683	TREVIZO ESTRADA BRENDA VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2684	GUZMAN GOMEZ BRIAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2685	ALFARO GALVAN BRIAN FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2686	MARTINEZ MENDOZA JAZZMIN FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2687	NIÑO CORDOVA JENNIFER	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2688	GONZALEZ CORONA BRIGITTE ARIADNE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2689	FONTES PORTILLO JERALDINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2690	JAQUEZ MERAZ BRISA ANGELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2691	HERNANDEZ VAZQUEZ BRISEIDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2692	AVILA GARCIA MAURICIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2693	DUARTE PORTILLO BRISEIDA KORINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2694	QUEZADA FIERRO BRISSIA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2695	RODRIGUEZ ENRIQUEZ BRUNO ADOLFO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2696	VAZQUEZ GARCIA BRYAN AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2697	ALCANTAR NAVARRETE BRYAN ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2698	FLORES CORRAL JEREMY DARIEN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2699	PONCE NAVA CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2700	CHAVEZ SANDOVAL CARLOS ABDIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2701	ROMERO BALDERRAMA CARLOS ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2702	LUNA MORALES JESUS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2703	TREJO SANDOVAL CARLOS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2704	RIVAS PALOMINO CARLOS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2705	MENDEZ ROSAS CARLOS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2706	HERNANDEZ MUÑOZ CARLOS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2707	GARCIA GARCIA JESUS AARON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2708	JAUREGUI ORTIZ CARLOS ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2709	GONZALEZ LLACA CARLOS ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2710	MALDONADO NUÑEZ CARLOS ALFONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2711	GOMEZ DURAN JESUS ADOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2712	CHAVEZ TREVIZO CARLOS ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2713	NAVARRO PUGA CARLOS DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2714	MUÑOZ DE LA RIVA MARISOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2715	VALERIO CANO CARLOS DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2716	CARDENAS TORRES AARON ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2717	DE LEON VELDERRAIN JESUS ADRIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2718	CHAVEZ RAMIREZ ADRIAN JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2719	CHAVEZ CERVANTES JESUS ALFONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2720	PORRAS . JESUS ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2721	ALARCON TARANGO CARLOS EFRAIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2722	ORTEGA CARRILLO CARLOS FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2723	CASTAÑEDA MONTEJO NOHEMI	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2724	ARVIZO DOMINGUEZ MARISOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2725	CEDILLO VELO CARLOS OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2726	GAYTAN URANGA CARLOS PATRICIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2727	MEDRANO JUAREZ CARLOS RAFAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2728	QUIÑONEZ GONZALEZ CARLOS URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2729	TORRES CHICO JESUS ALI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2730	DIAZ MENDIAS CARLOS YAMMIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2731	TORRES GOMEZ CARMEN ADILENE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2732	PORRAS TORRES CARMEN ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2733	ESPARZA PORTILLO JESUS ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2734	PRECIADO BRAVO JESUS ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2735	BECERRA QUINTANA CARMEN ANAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2736	FRANCO ORTIZ CARMEN GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2737	GONZALEZ UTAJARA CARMEN PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2738	MUÑOZ GARCIA JESUS DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2739	MENDOZA HIDALGO CARMEN ZULEMA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2740	CAMPOS TORRES JESUS ELOY	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2741	ACUÑA SALAS CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2742	MATA DIAZ CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2743	YAÑEZ MORALES CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2744	ACOSTA CARRASCO CAROLINA ALICIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2745	CAVAZOS RAMON CAROLINA LISSET	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2746	BECERRA AVALOS CAROLINA NAYELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2747	CASAS TORRES CASSANDRA IRERI	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2748	VILLA CHAVIRA JESUS EMMANUEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2749	MENDOZA MEZA CECILIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2750	HERNANDEZ VALVERDE CESAR ADRIAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2751	RUIZ ROMERO CESAR ALEJANDRO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2752	LUEVANO CERA CESAR ALEXIS	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2753	LARA MAESE CESAR EDUARDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2754	TERRAZAS HERNANDEZ CESAR EDUARDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2755	PARRA TARIN JESUS GERARDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2756	MOLINA OLVERA CESAR ERNESTO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2757	TERRAZAS GUTIERREZ CESAR ESTEBAN	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2758	SOLORIO ESTRADA CESAR IVAN	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2759	MARTINEZ CADENA JESUS IGNACIO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2760	MONTOYA GUTIERREZ JESUS IVAN	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2761	GALVAN FIERRO CESAR IVAN	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2762	LOPEZ RAMIREZ CESAR ROMAYNNEH	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2763	MARTINEZ NAJERA JESUS MANUEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2764	GONZALEZ PORTILLO CINTHIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2765	LEDEZMA ARANDA JESUS OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2766	SOTO GOMEZ CINTHIA LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2767	CHAVEZ TAPIA CINTHIA SARAHÍ	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2768	HOLGUIN GARCIA CINTIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2769	CARMONA JAQUEZ JESUS RAMON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2770	MUÑOZ MARTINEZ CITLALI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2771	RUBIO PADILLA CLAUDIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2772	BAUTISTA RODRIGUEZ JESUS RODOLFO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2773	BARRERA AVALOS CLAUDIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2774	ESPINOZA ADAME CLAUDIA GENESIS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2775	SAENZ ROJAS CLAUDIA LARISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2776	NEVAREZ VASQUEZ JESUS RUBEN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2777	MARTINEZ MOLINA CLAUDIA SHESID	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2778	MELENDEZ OCHOA CRISTIAN ABELARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2779	CORRAL SAUZAMEDA CRISTIAN ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2780	RAMIREZ VEGA JEYMI MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2781	GARCIA RAMIREZ CRISTIAN HERVEY	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2782	TORRES GALINDO CRISTIAN JOVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2783	MARTHA OLIVAS AARON ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2784	CAMPOS CRUZ CRISTIAN OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2785	ARAIZA LOPEZ CRISTIAN YOEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2786	MADRIGAL OCHOA CRISTINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2787	MARTINEZ CARDOZA CYNTHIA BERENICE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2788	REYES SIFUENTES CYNTHIA KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2789	VAZQUEZ ALVAREZ DAISY EVELIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2790	RUBIO BACA DALIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2791	HURTADO AGUIRRE ADRIAN RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2792	GARCIA CASTRO DALIA IRAIS	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2793	PORTILLO MORALES DALLA HANNIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2794	HINOSTROZA AGUIRRE DALY CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2795	TERAN RODRIGUEZ DAMARIZ YAJAIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2796	BAYLON GONZALEZ DANAE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2797	AMADOR HERNANDEZ ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2798	SUAREZ MARTINEZ DANIA CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2799	URIONABARRENECHEA GUTIERREZ JOANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2800	MORALES ALVARADO DANIA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2801	TALAMANTES MOLINA JOEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2802	ESCOBAR MAGDALENO DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2803	GARCIA CANDIA DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2804	HOLGUIN ACOSTA DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2805	ORTIZ TENA JOEL ARGENIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2806	FLOTTE CORRAL DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2807	ROMAN TERRAZAS DANIEL ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2808	MARTINEZ GONZALEZ AARON ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2809	CABALLERO OCHOA DANIEL ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2810	VALDEZ LUNA DANIEL ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2811	RIVERA AVILA JOEL RUBEN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2812	SILVA CAMPA DANIEL EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2813	BAÑUELAS GARCIA JOHANA GUADALUPE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2814	GONZALEZ VAZQUEZ DANIEL ISMAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2815	OCHOA RUIZ JOHANA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2816	MEDRANO ARIAS DANIEL RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2817	RODRIGUEZ TORRES DANIEL RUBEN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2818	HERNANDEZ CONTRERAS DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2819	GARCIA MENDOZA DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2820	VILLA MADRID DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2821	SANCHEZ RENTERIA DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2822	PORTILLO VALDEZ DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2823	PAYAN PONCE DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2824	PIÑON TALAMANTES DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2825	ORTEGA MARTINEZ JONATAN RAFAEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2826	SAENZ ROYVAL DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2827	LOPEZ REALYVAZQUEZ DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2828	GUTIERREZ JUAREZ JONATHAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2829	SANTOYO TORRES JONATHAN AARON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2830	CHACON SAENZ JONATHAN ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2831	ATONDO ACOSTA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2832	LIRA CORTES ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2833	GALVAN RUBIO DANIELA AIDALHY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2834	VARGAS ORTEGA DANIELA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2835	CARAVEO GARCIA DANIELA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2836	SANDOVAL RIOS DANIELA VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2837	MADRID TERRAZAS MAGDA LIZETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2838	MARTINEZ FIGUEROA ADILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2839	SOTELO SOQUI DANITZA CECILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2840	NUÑEZ BARRON DANNA MICHELLE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2841	VARELA FAUDO DANNIA GISELLE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2842	DIAZ ALMEIDA DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2843	CANO FLORES DAVID AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2844	RAMOS VACA DAVID ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2845	MARTINEZ MAR DAVID ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2846	MENDEZ QUINTANA DAVID ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2847	HOLGUIN CHAVEZ DAVID ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2848	PONCE DE LA FUENTE DAVID ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2849	VARGAS MIRANDA DAVID ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2850	HERNANDEZ SANCHEZ DAVID EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2851	LEAL LUNA DAVID FRANCISCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2852	HINOJOZA GARCIA DAVID GIOVANNI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2853	ESCARCEGA HOLGUIN DAVID OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2854	IBARRA NAKAMURA JONATHAN FEDERICO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2855	CHAVEZ SOTELO DAVID ORLANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2856	CORTEZ QUINTANA JORDAN PAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2857	ALVAREZ PEREZ DAVID RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2858	LOZANO PARRA DAYANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2859	LARA HIDALGO DAYANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2860	DIAZ BACA DAYANA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2861	FLORES ALBA DEBANHI ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2862	RODRIGUEZ URQUIDI DEBORAH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2863	ROBLEDO IBARRA DEINY PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2864	ROMERO OVALLE DEISY PRISCILA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2865	MARQUEZ MAR JORDY DARIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2866	VALENCIA RAMIREZ DENILSON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2867	FUENTES DIAZ DE LEON DENISSE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2868	PORTILLO GARCIA DENISSE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2869	TOVAR MARTINEZ JORGE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2870	CALLEROS SAGARNAGA JORGE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2871	ORTIZ ESQUIVEL DENISSE ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2872	GASCA CANTU JORGE ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2873	TALAMANTES SOTO DENISSE JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2874	TALAVERA SERRANO DENISSE NOHEMI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2875	CASTILLO GALLARDO JORGE ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2876	PORTILLO ANDUJO DEVI YAMILE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
2877	DEL VALLE SALAZAR DIANA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2878	ROBLEDO MARRUFO MANUEL	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2879	LAGOS OLIVAS JORGE ARTURO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2880	OCHOA PEREZ DIANA ALEJANDRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2881	ALVAREZ ACOSTA MANUEL AGUSTIN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2882	REGALADO JAQUEZ MARISOL AURORA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2883	MERCADO ESPARZA DIANA ALEJANDRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2884	ALMODOVAR FERNANDEZ DIANA BETZABE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2885	GARCIA PANIAGUA OSWALDO EVARIBALDO	36 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2886	PAYAN ALMANZA JORGE DANIEL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2887	PEREZ MOLINAR MARLEN ANDREA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2888	IRIGOYEN BAEZA MARTHA LILIAN	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2889	MONTOYA VALENZUELA DIANA CECILIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2890	RAYGOZA MOLINA MANUEL ALEXIS	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2891	GRAJEDA PORTILLO DIANA CECILIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
2892	MENDOZA GUERRA DIANA CECILIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2893	RASCON MARTINEZ DIANA CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2894	PORTILLO HERNANDEZ DIANA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2895	ALVIDREZ RUELAS JORGE EMMANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2896	SALAS PORTILLO DIANA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2897	MIRANDA ARAGON DIANA ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2898	IBARRA CORRAL JORGE IRAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2899	MARQUEZ CHAVEZ JORGE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2900	GARCIA GONZALEZ DIANA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2901	PALAFOX GONZALEZ DIANA HIATLAY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2902	GARCIA TORRES DIANA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2903	PACHECO VENEGAS DIANA JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2904	PIÑA HERNANDEZ DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2905	BALDERRAMA HERNANDEZ MARTHA YAZMIN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2906	SANTACRUZ LARA DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2907	MACIAS SILVEYRA DIANA LAURA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2908	HERRERA CARDOZA JORGE YADIR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2909	FERNANDEZ DE LEON DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2910	ORTIZ ALVAREZ DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2911	MELLENDEZ SANCHEZ DIANA LUCIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2912	CHAVEZ ROJAS DIANA MARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2913	PEREZ BRAVO DIANA MARITZA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2914	VALENZUELA LOPEZ DIANA NALLELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2915	BERNAL RAMIREZ DIANA VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2916	ARMENDARIZ ONTIVEROS DIANA YARELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2917	ESCOBEDO CEDANO DIEGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2918	PUENTE GRANADOS MANUEL EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2919	MAYNEZ FAUDO A DIEGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2920	LOPEZ MEJIA JOSE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2921	OGAZ SALDAÑA ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2922	ALVARADO FERNANDEZ DIEGO AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2923	MARTINEZ QUEZADA DIEGO ELI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2924	CARDENAS TARIN DIXIE ABRIL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2925	COVARRUBIAS RODRIGUEZ DULCE RAMONA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2926	MARTINEZ RODRIGUEZ JOSE ANGEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2927	CAMACHO PAREDES DULCE MARIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2928	RAMOS NEVAREZ DUVAL MIGUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2929	FUENTES CALZADILLAS JOSE ANGEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2930	VARGAS OCHOA DYLAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2931	RIOS RENTERIA EDDY ALEXANDER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2932	DOMINGUEZ CRUZ EDEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2933	QUIROZ TREVIZO EDGAR ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2934	MIRANDA PAYAN JOSE ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2935	HERRERA CERA EDGAR ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2936	LOPEZ SALINAS MARCOS JESUS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2937	RAMOS AGUIRRE EDGAR ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2938	JAIME ROBLES JOSE ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2939	CANO SANDOVAL EDGAR EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2940	RODRIGUEZ CORRAL EDGAR ISRAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2941	RIVERA SALCIDO JOSE DAVID	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2942	NUÑEZ LUEVANO EDGAR JOSE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2943	YEPEZ MORENO EDITH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2944	CONDE HERNANDEZ JOSE EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2945	JUAREZ NAVARRETE EDITH ESMERALDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2946	RODRIGUEZ ARMENDARIZ EDITH MARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2947	SORIA ORTIZ EDNA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2948	RODRIGUEZ CHIO JOSE EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2949	LOPEZ PUGA JOSE EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2950	OSORIO GARCIA EDNA ESMERALDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2951	TORRES GARCIA JOSE ENRIQUE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2952	ALDERETE HERNANDEZ EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2953	PEÑA SILVA JOSE FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2954	OLIVAS HOLGUIN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2955	CLEVES RUIZ MARIA CLARA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2956	AYALA MARIÑELARENA EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2957	CARRILLO GUERRA EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2958	VALDEZ CARDENAS MARIA DEL CIELO	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2959	SALDAÑA ALVAREZ EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2960	SANTIAGO VIESCAS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2961	JUAREZ VELAZQUEZ JOSE FLAVIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2962	SANCHEZ LEON EDUARDO ABRAHAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2963	GAMEROS REZA EDUARDO HUMBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2964	CALDERA ZESATI JOSE JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2965	CALDERON AVILES JOSE JESUS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2966	MORALES SILVA EDWARD	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
2967	AGUIRRE SANCHEZ JOSE LEONARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2968	JIMAREZ DE ALBA AARON EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2969	SEPULVEDA NUÑEZ EDWIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2970	CAMPOS FRIAS EDWIN DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2971	RODRIGUEZ GALLARDO EDWIN GUADALUPE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2972	MARQUEZ VILLEZCAS EDWIN MARTIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2973	URIBE MONTANA JOSE LUIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2974	BENAVIDES NEVAREZ JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2975	TALAMANTES TORRES JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2976	ARMENDARIZ HOLGUIN EFREN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2977	CORRALES CHAVARRIA EIMER ATZUIL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2978	MOLINA MARTINEZ JOSE LUIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2979	MACIAS CASTILLO EIMY GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2980	LOPEZ BUSTILLOS ELENA CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2981	CORRALES POSADA ELISA JIMENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2982	RODRIGUEZ GONZALEZ ELISA NAHIBI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2983	CASTRO RIVAS ELISEO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2984	CORONA ARMENDARIZ ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
2985	VILLALOBOS CHAPARRO ELLIOT MARIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2986	OLAGUE TREVIZO JOSE MANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2987	ZUANY ARGOT JOSE MARIANO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2988	ZAPIEN REZA EMILIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2989	FLORES GONZALEZ EMMA STEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2990	CHQUITO MIRAMONTES EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2991	VILLEGAS CARNERO EMMANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2992	SIEBERT SIQUEIROS ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2993	TONCHE HERNANDEZ ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2994	MARTINEZ DURAN ENRIQUE ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2995	DOMINGUEZ OROZCO ENYA PAVLOVA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2996	HERNANDEZ DOMINGUEZ JUAN PABLO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2997	PEREZ DOMINGUEZ ERIC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2998	SIAÑEZ CERECERES ERIC TOMAS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
2999	SAENZ MARTINEZ AARON FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3000	BURROLA TORRES ERICK	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3001	HERRERA DIAZ ERICK ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3002	VERA DIAZ ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3003	ARMENDARIZ MORALES ERICK AUDEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3004	LOZANO DENA JOSE RAMON	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3005	VILLALOBOS CHAVIRA ERICK DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3006	EGUIZ PORTILLO JOSE RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3007	SAUCEDO SOLIS ERICK JOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3008	ACOSTA TRUJILLO ERICK OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3009	MONTOYA CHAVEZ ERICK RAFAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3010	COBOS CHACON ERIKA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3011	ENRIQUEZ ARCOS JOSE ULISES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3012	JAUREGUI ALVARADO ERIKA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3013	MENCHACA DURAN ERNESTO MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3014	MUÑIZ GARCIA MARIA ELISA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3015	CRUZ JIMENEZ JOSHUA JEROME	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3016	ARGUELLES ESPINOZA MARIA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3017	RIOS CERECERES MARTIN ANDRES	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3018	CLIFT FRANCO AARON HERNAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3019	SAENZ GARZA ERWING OSWALDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3020	MARIN PEREA JOSUE ISAI	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3021	CORTINAS QUINTANA JUAN ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3022	RODRIGUEZ AGUIRRE JUAN ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3023	FLORES GONZALEZ ESMERALDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3024	QUIÑONES BARRAZA ESMERALDA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3025	MARTINEZ VALENCIA JUAN CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3026	GARCIA CARMONA JUAN CLAUDIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3027	HERNANDEZ CARBALLO ESMERALDA ALHELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3028	AYALA SALCIDO ESMERALDA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3029	SANTA CRUZ RUIZ ESTEBAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3030	FLORES MOLINA ESTEFANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3031	RODRIGUEZ TORRES JUAN DIEGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3032	CANTU MARTINEZ ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3033	RADILLA BARRERA ESTEFANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3034	HOLGUIN AGUILAR ESTEFANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3035	GUTIERREZ RIVAS JUAN FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3036	MORALES SEÑEZ JUAN FRANCISCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3037	GARCIA VALADEZ ESTEFANY BERENICE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3038	VELAZQUEZ IBARRA ESTELA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3039	LONGORIA VILLEZCAS ESTHER SARAHÍ	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3040	ESTRADA RUIZ ESTRELLA ANGELICA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3041	ESCALANTE ANDUJO ETZEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3042	MALDONADO SANCHEZ JUAN FRANCISCO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3043	PROSPERO TRUJILLO MARIA FERNANDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3044	LUEVANO LOZANO EVA FERNANDA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3045	MORALES SOTO EVELIN YOLANDA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3046	GARCIA HERNANDEZ EVELYN	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3047	SANCHEZ MORALES JUAN GERARDO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3048	NAVARRETE RODARTE EVELYN	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3049	SOTO BERMUDEZ EVELYN	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3050	SERNA LEON EVELYN DAYANA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3051	DE LA CRUZ GALLARDO EVELYN IVONNE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3052	MEDINA GARCIA EVELYN MERCEDES	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3053	CORRAL SOTO JUAN ISAAC	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3054	GARAY CHAPARRO JUAN MIGUEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3055	DELGADO ESCAJEDA EVELYN MICHELLE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3056	MORQUECHO GRANADOS EVELYN SUSETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3057	DURAN GUTIERREZ FABIOLA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3058	FIGUEROA MORENO FABIOLA ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3059	FELIX MARTINEZ FATIMA DE LUCIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3060	QUINTANA TREJO FATIMA NORELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3061	ORTEGA RINCON FELIX ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3062	TORRES HERNANDEZ FELIX FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3063	OCHOA ALMADA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3064	URRUTIA DURAN FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3065	HURTADO NAVARRETE MARIA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3066	VILLA VAZQUEZ FERNANDA AYDEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3067	BORUNDA ESCUDERO FERNANDA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3068	ARGUELLO MATA JUAN PABLO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3069	PIZARRO FABELA JUDITH PATRICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3070	IBARRA ROSALES FERNANDA VANELLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3071	FLORES VEGA FERNANDA XIMENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3072	DOMINGUEZ CONTRERAS JULIETA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3073	GARCIA ZEA FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3074	VEGA MINAYA FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3075	DOMINGUEZ MEJIA FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3076	NAVARRO AGUIRRE FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3077	HERNANDEZ BUSTILLOS FERNANDO ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3078	TAVAREZ SEPULVEDA FERNANDC ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3079	GALLEGOS MARQUEZ FERNANDO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3080	PONCE VAZQUEZ JULIO ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3081	ORTIZ MACIAS FERNANDO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3082	PORTILLO BOTELLO FERNANDO ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3083	ORTIZ SILVA FERNANDO IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3084	CURIEL MORAN MARIA ISABEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3085	SANTACRUZ MENDOZA JULIO CESAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3086	ESPINOZA HERNANDEZ FILIBERTO EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3087	GONZALEZ MARQUEZ FLAVIO JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3088	RODELAS BENCOMO JULIO CESAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3089	AVALOS CARDOZA FLOR ANAIS	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3090	NEVAREZ PEREZ FLOR DAYANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3091	OLIVAS VILLAR JULISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3092	VAZQUEZ GUILLEN FLOR GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3093	PEREZ VARGAS NORGE LUIS	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3094	PALMA RAMIREZ KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3095	CALDERON CARMONA FLOR LUZ ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3096	BADILLO ARAGON FRANCENY ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3097	CORRAL YAÑEZ FRANCIA YACSEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3098	REYES PROSPERO FRANCIS JESSICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3099	MARTIN SALINAS MICHELLE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3100	CRISOSTOMO FELICIANO FRANCISCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3101	CONTRERAS SANCHEZ FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3102	FLORES HURTADO FRANCISCO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3103	DE LOS RIOS LUNA FRANCISCO HELAMAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3104	PALLARES SOLANO FRANCISCO JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3105	JACOBO MORALES FRANCISCO JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3106	AGUILAR CORNEJO KAREN ALEXA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3107	BRAVO RIOS FRANCISCO JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3108	AYALA SILVA FRANCISCO RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3109	GARCIA RENTERIA FRANCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3110	ARIAS ARAUJO KAREN ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3111	DE LA MORA CADENA FRIDA MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3112	REYES CHAVEZ MARIA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3113	RAMOS GOMEZ KAREN CECILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3114	DURAN ALARCON FRIDA STEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3115	ROCHA ORNELAS GABRIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3116	MADRID CAMPOS GABRIEL ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3117	MARQUEZ MONGE KAREN CECILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3118	SALGADO HAAZ KAREN DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3119	ACOSTA VILLA GABRIEL EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3120	MILLAN MARTINEZ GABRIEL MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3121	TAMAYO MOLINA GABRIEL OBED	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3122	SANDOVAL NEVAREZ KAREN GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3123	GUTIERREZ MARTINEZ GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3124	AGUIRRE LOYA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3125	LUNA ENRIQUEZ GABRIELA ALEXA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3126	PIÑA REYNA GABRIELA IMELDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3127	FIGUEROA GONZALEZ KAREN ITZEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3128	LICON TRILLO GABRIELA LORENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3129	RODRIGUEZ GALLEGOS KAREN MARITZA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3130	CASTILLO MENDOZA GEMA DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3131	SANTOYO VAZQUEZ KAREN SARAHÍ	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3132	SIMENTAL VALENZUELA GEORGINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3133	SAGARNAGA . AARON HERNAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3134	ROMAN HERNANDEZ GEORGINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3135	MALDONADO ARELLANES KAREN VANESSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3136	VAZQUEZ DUARTE GEORGINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3137	GOMEZ SALCIDO KAREN VANNELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3138	TERRAZAS HERRERA GERARDO ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3139	VILLALOBOS CHAPARRO GERARDO ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3140	PADILLA VILLARREAL GERARDO ISRAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3141	CASTAÑEDA SANCHEZ ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3142	GAMEZ MARTINEZ GERMAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3143	ORPINEDA PONCE GERMAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3144	AVILA HINOJOSA GIBRAN	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3145	MADRID ANDAZOLA GIBRAN SAUD	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3146	CARDENAS RIOS GILBERTO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3147	GOMEZ MARQUEZ GIOVANNA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3148	PANIAGUA OCHOA AARON HUMBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3149	HEREDIA MAGALLANES GIOVANNI	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3150	OROZCO QUIÑONEZ GIOVANNI ANTONIO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3151	ARMENDARIZ DOMINGUEZ GISELL ANAIS	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3152	MORALEZ VELASQUEZ KARLA NALLELY	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3153	SALAZAR BENAVENTE GISELLE ARIANA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3154	TORRES HINOJOS GISELLE YULISSA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3155	MUÑOZ LUJAN GISSEL ORIANA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3156	PALMA CHAVARRIA GLORIA BEATRIZ	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3157	FLORES FLORES GONZALO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3158	ZAPATA OLIVAS GRACIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3159	DELGADO ORTEGA KATIA BERENICE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3160	CONTRERAS CORDOVA GRACIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3161	CHAVIRA CARDENAS GRECIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3162	MELENDEZ SAENZ GRECIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRA									
3163	GALLEGOS MENDOZA KATIA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	MICHELLE									
3164	CONTRERAS CONTRERAS MARIA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	TERESA									
3165	VALLES ESTRADA GRECIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	BERENIS									
3166	PORTILLO BURCIAGA GRETTEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ARANZA									
3167	CASTILLO MEDRANO	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE ALEXANDRA									
3168	MARTINEZ HERNANDEZ	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE ANDREA									
3169	CISNEROS CANO GUIE-NITZA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	MELINA									
3170	PEREZ HEREDIA KELLY MELANIE	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3171	RIVAS GARCIA GUILLERMO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3172	CABELLO RIVAS GUILLERMO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANTONIO									
3173	SALGADO HORCASITAS GUSTAVO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ABRAHAM									
3174	DELGADO GUERRA KELLYN	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3175	ARANDA BALDENEGRO GUSTAVO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ADRIAN									
3176	MUÑOZ MEZA GUSTAVO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRO									
3177	OAXACA SANDOVAL GUSTAVO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	FRANCISCO									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3178	ESPARZA CHACON HAZIEL ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3179	RASCON GALVAN HAZIEL ELI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3180	DURAN RINCON HECTOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3181	GOMEZ COSS KENIA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3182	LOPEZ MONTAÑEZ KENIA SELENE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3183	ZAPATA CORONA HECTOR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3184	CONTRERAS PEREZ HECTOR ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3185	AVILA LOZOYA KEVIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3186	CASTILLO CIGARROA AARON MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3187	MARTINEZ ZUÑIGA AARON OSWALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3188	JORDAN MEDRANO KEVIN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3189	GONZALEZ CARRILLO HECTOR ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3190	AGUILAR DE LEON HECTOR EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3191	ANCHONDO ZUÑIGA HECTOR ELLIOT	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3192	MURILLO FLORES HECTOR HERNAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3193	SAENZ TALAVERA HECTOR IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3194	MENDOZA GARCIA HECTOR MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3195	OLVERA ARMENTA HECTOR RENE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3196	ROMERO CASTILLO HECTOR VENTURA	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3197	ALVARADO JIMENEZ HELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3198	RASCON ESTRADA HIERMY JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3199	CIENFUEGOS OLIVAS HILDA MARIELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3200	CARDENAS ORTEGA HOMERO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3201	JIMENEZ NAJERA HUGO ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3202	BAEZA ESTRADA HUGO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3203	ACOSTA MENDOZA HUGO ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3204	GOMEZ TERRAZAS HUGO ISAAC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3205	REYES LEZAMA HUGO IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3206	ORTEGA LERMA HUGO YERED	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3207	MONTAÑO TELLO HUMBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3208	TORRES PORRAS JULIO ALBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3209	MATA AGUIRRE MIGUEL ANGEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3210	OLIVAS FRANCO ILIANA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3211	LOPEZ ROJERO ILSE AMERICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3212	HERNANDEZ VILLALOBOS ILSE ASTRID	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3213	OLAYA CORDOVA MARIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3214	MARTINEZ ARVIZO ILSE AZUCENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3215	CONTRERAS ACOSTA INDIRA MELISSA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3216	PEINADO VARGAS KEVIN HIDDAY	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3217	MADRID GARCIA IRAN ALEXA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3218	PARRA CASTAÑÓN IRIS VALERIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3219	ORTIZ BLANCO IRMA ALEJANDRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3220	MANCINAS MORALES IRMA IRENE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3221	ALDAZ CHAVEZ IRMA PAOLA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3222	TORRES ENRIQUEZ IRVIN ANDRES	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3223	GRAJEDA FUENTES IRVING ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3224	DOMINGUEZ GABALDON KEVIN ROLANDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3225	ARMENDARIZ ALVARADO KIMBERLI JANETH	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3226	TARANGO CONTRERAS IRVING EDUARDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3227	HERNANDEZ HINOJOS IRVING GUSTAVO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3228	OLIVAS PONCE IRVING JOSUE	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3229	CARBAJAL LOPEZ KIMBERLY	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3230	TALAMANTES VALLES KRISTA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3231	RAMIREZ BELTRAN ISAAC	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3232	SALGADO MORALES ISAAC DE PABLO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3233	VIZCAINO TARANGO ISAAC EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3234	FLORES LOPEZ LAURA CECILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3235	HINOJOS DUEÑES ISABEL SARAHÍ	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3236	MARTINEZ GONZALEZ ISADORA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3237	NEVAREZ PRADO LENIN OMAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3238	ONTIVEROS BALDERRAMA ISELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3239	OROZCO RODRIGUEZ ISELA LIZBETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3240	CHAVEZ PONCE ISIS GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3241	ORTIZ OROZCO LEONEL IGNACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3242	AGUIRRE TOLEDO ISRAEL GIBRAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3243	CHAVEZ QUEZADA ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3244	TREVIZO . LESLIE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3245	FERREIRO LOPEZ MARIANA ROCIO	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3246	ERIVES CHACON ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3247	MARTINEZ SALINAS ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3248	RODRIGUEZ MERAZ ITZEL JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3249	GARDEA VILLEGAS ITZEL MAYELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3250	MANRIQUEZ OLAVE ITZEL SISMAI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3251	COLMENERO CASTRO LESLIE ANAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3252	AMAYA OLIVAS NUBIA IVETTE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3253	CANO PONCE LESLIE JAZMIN	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3254	GERMES LOPEZ LESLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3255	SALAS OGAZ LESSLIE PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3256	VEGA MARQUEZ LIDIA ISMERAI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3257	OTERO MONTANA IVAN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3258	ESTRADA PORTILLO MANUEL EDUARDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3259	MEZA RODRIGUEZ LILIAN ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3260	RUIZ MOLINA LILIAN ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3261	VARGAS GARCIA MARIBEL CRISTINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3262	MATA DE LOS RIOS IVAN ANTONIC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3263	ROMERO MACIAS IVAN FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3264	MURILLO OLIVAS IVAN LOMBARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3265	DAVILA RUIZ LILLIAN CRISTINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3266	CASTILLO GALAVIZ IVANNA KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3267	VIELMA LANDEROS IVONE ESMERALDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3268	FERNANDEZ SAUCEDO IVONNE JAQUELINE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3269	MACIAS GUTIERREZ LINDA DIANEY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3270	ENRIQUEZ HUIE LUCERO ZUL HAYRAM	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3271	RAMIREZ GONZALEZ IXTLACIHUALTL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3272	RODRIGUEZ GUTIERREZ IYAMELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3273	OCHOA BASILIO ABDAL ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3274	GRIJALVA PIÑON IZA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3275	ROMAN PIÑON LINDA MELISSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3276	FLORES VALADEZ LUCIA AMELIA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3277	FLORES FIERRO JACQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3278	CARREON ORNELAS LIXIS SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3279	VIDAÑA TORRES LIZA PAULINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3280	VELAZQUEZ LOPEZ JANET	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3281	DURAN GUTIERREZ LIZBETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3282	GARCIA TARIN JANETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3283	GALLEGOS HERNANDEZ JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3284	FERREIRO VALENZUELA JANETH ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3285	PULIDO JUAREZ LIZBETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3286	MURILLO RODRIGUEZ JANETH DAYANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3287	AGUIRRE HERNANDEZ JANETH GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3288	HERNANDEZ NUÑEZ JANETH MARISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3289	SALINAS RAMOS JANETH STEFANY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3290	IBARRA RAMIREZ JANETTE ARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3291	SIGALA TORRES JANNETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3292	SILVA CHAVIRA JANNETH GABRIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3293	TORRES MORENO JAQUELINE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3294	RODRIGUEZ LOZOYA JAQUELINE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3295	URQUIDI LOYA LLUVIA ALEJANDRA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3296	ENRIQUEZ CASTELLANOS JAQUELINE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3297	SAGARNAGA PEREZ JASAMAN GUADALUPE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3298	DORADO MENDIOLA JASHEL	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3299	LOZOYA MIRAMONTES MARIEL	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3300	CHAVIRA SILVA LORNA PALOMA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3301	GARCIA PEÑALOZA JASSMIN ITZEL	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3302	TOQUINTO ESCARCEGA JAVIER	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3303	SOLTERO MEZA LUIS ABRAHAM	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3304	QUEZADA NUÑEZ JAVIER	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3305	GUERRA CHAVEZ JAVIER ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3306	PORRAS MENDOZA LUIS ALBERTO	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3307	BAÑUELOS MENDOZA JAVIER EDUARDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3308	PORRAS RUBIO JAVIER EDUARDO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3309	LOYA CHAVEZ LUIS ALBERTO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3310	GARDEA SALINAS JAVIER GETSEMANI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3311	GONZALEZ CASTILLO JAVIER ISAI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3312	MUÑOZ PIMENTEL ABDEL ARIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3313	ALMAGUER VALLES JAVIER LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3314	TALAMANTES GARCIA JAVIER NOE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3315	SOTO ESTRADA MAXIMILIANO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3316	DOMINGUEZ ALAMILLO JAVIER OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3317	RIVERO SOTO JAVIER OSVALDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3318	SAENZ LOPEZ JAZMIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3319	CHACON MARQUEZ JAZMIN ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3320	SANTANA FRANCO JAZMIN ISAMAR	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3321	SALAS DOMINGUEZ JAZMIN VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3322	RAMOS SALDAÑA LUIS ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3323	GRANADOS BLANCO JEENYFER	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3324	JAUREGUI CARBALLO LUIS ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3325	REAL TORRES JENARO IRAIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3326	ESPARZA CARDONA MIGUEL ANGEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3327	TREVIÑO RUSSO JENNIFER	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3328	VARGAS CUAUTLE LUIS ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3329	FERNANDEZ NUÑEZ JENNIFER ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3330	BUELNA GARCIA JENNIFER ROSALUZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3331	AMAYA PEREZ JENNY NOEMI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3332	SALAZAR PAYAN JESSIBETH MARAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3333	ROMO TORRES MAYRA ANGELICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3334	MORA CARREÑO JESSICA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3335	RODRIGUEZ HERNANDEZ MARIEL DOLORES	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3336	CASTELLANOS LEDEZMA JESSICA ARLETTE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3337	MEZA MORALES LUIS ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3338	MEDRANO MELENDEZ JESSICA ISELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3339	ALVAREZ ACOSTA JESSICA JAZMINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3340	CHAVARRIA ANTILLON MARIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3341	MORENO NUÑEZ JESSICA STEPHANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3342	SANDOVAL MARTINEZ JESSICA SUSANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3343	RUVALCABA PAEZ JESUS ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3344	MANCINAS BELDUCEA LUIS ARMANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3345	PEÑA ALVARADO LUIS ARMANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3346	FIGUEROA VALLES JESUS ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3347	DELGADO GUTIERREZ JESUS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3348	RIVERA FLOREZ MELANIS PATRICIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3349	MOURE AGUILERA MELISSA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3350	FERNANDEZ GAYTAN MARIELENA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3351	ARELLANO ULLOA JESUS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3352	SANCHEZ HOLGUIN JESUS ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3353	GONZALEZ RONQUILLO LUIS CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3354	SOLIS MARTINEZ JESUS ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3355	ISLAS SANTANA JESUS ALFONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3356	MAGDALENO MARQUEZ LUIS CARLOS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3357	VILLEZCAS VILLEGAS JESUS ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3358	SANCHEZ DIAZ JESUS ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3359	DELGADO REYNA ABDIEL ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3360	RODRIGUEZ HERNANDEZ LUIS FELIPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3361	LUJAN PORTILLO JESUS ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3362	ORTEGA SANCHEZ JESUS ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3363	PALOMINO GUTIERREZ JESUS ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3364	RIVERA CUEVAS JESUS ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3365	HOLGUIN CASTILLO JESUS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3366	VALENZUELA DUARTE JESUS EMMANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3367	TURNER TARANGO JESUS ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3368	ORTEGA AGUIRRE ADRIANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3369	ESPINOZA SANCHEZ JESUS ERASMO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3370	VILLALOBOS ESPINOZA LUIS RAUL	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3371	OROZCO OLEA JESUS ESTEBAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3372	VEGA TORRES JESUS EUGENIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3373	MACIAS VALLES MARIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3374	AGUADO LOPEZ MICHEL ENRIQUE	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3375	FLORES CABRERA JESUS FAUSTINO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3376	ROBLES SANTIESTEBAN MARTIN OCTAVIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3377	RODRIGUEZ VAZQUEZ JESUS FRANCISCO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3378	GUTIERREZ LUGO JESUS GILDARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3379	RAMOS ANDUJO MIGUEL ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3380	ROMANO SALINAS LUIS FELIPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3381	VELAZQUEZ PORTILLO LUIS FELIPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3382	HERNANDEZ HERNANDEZ MARIO IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3383	RODRIGUEZ CHAVEZ LUIS FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3384	RAMIREZ AVILA JESUS HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3385	SALDAÑA NAJERA JESUS IGNACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3386	ESPINOZA GRADO LUIS FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3387	MARQUEZ RODRIGUEZ JESUS ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3388	JASSO MONTELLANO JESUS IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3389	NAVA GONZALEZ JESUS IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3390	ZAPATA HERNANDEZ JESUS JACOBO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3391	SOLIS MARQUEZ JESUS JONATHAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3392	ESPINOZA SOSA LUIS GREGORIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3393	ANTILLON TORRES JESUS JOSE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3394	TREJO YAÑEZ MARISELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3395	MORENO GARCIA JESUS JULIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3396	VAZQUEZ ESPARZA JESUS LEONARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3397	GARCIA TORRES MARCELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3398	GUTIERREZ MADRID JESUS MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3399	CARRANZA TORRES JESUS MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3400	ALDRETE POLANCO LUIS JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3401	LEGARRETA SOSA LUIS JAVIER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3402	BENITEZ HERNANDEZ ADILENE MIROSLAVA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3403	MONGE LOPEZ JESUS MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3404	RODRIGUEZ VALENZUELA JESUS MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3405	GIRON ACOSTA LUIS LEONARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3406	TERCERO HERNANDEZ JESUS MICHELLE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3407	GARCIA BETANCOURT MASIEL MARIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3408	ARAYA DIAZ MARLEN JAHZEEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3409	REYES VALDEZ LUIS MARIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3410	RODRIGUEZ HEREDIA LUIS PABLO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3411	GARCIA FLORES LUIS RAUL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3412	ZAMBRANO LOYA JESUS OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3413	LARA MEDINA JESUS RAMON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3414	CHAVEZ GUTIERREZ JESUS RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
3415	CARBAJAL GOMEZ LUIS RAUL	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3416	OROZCO MARISCAL LUISA ALEJANDRA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3417	CARRASCO ZARAGOZA JESUS RAUL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3418	OLIVARES PEREZ JESUS RENE	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3419	FUENTES JAQUEZ JIMENA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3420	GOMEZ POSADAS LUISA BEATRIZ	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3421	PEREA RAMIREZ LUISA FERNANDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3422	PONTIGO MENDEZ JOANNA BERENICE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3423	RODRIGUEZ MORALES LUISA FERNANDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3424	THIERRY CARRASCO JOB	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3425	ARMENDARIZ VILLALOBOS JOB ISAAC	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3426	PEREZ DOMINGUEZ ADRIANA JACKELINNE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3427	ALMAZAN TERRAZAS LUISA FERNANDA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3428	ORTEGA RODRIGUEZ JOCELYN	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3429	SOLANO AVILES JOEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3430	ZAPIEN CARDOZA JOEL ADOLFO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3431	VERDUGO PILLADO JOEL ANTONIO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
3432	MONTEMAYOR ESCAMILLA LUISA FERNANDA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3433	CORRAL ORDOÑEZ JOHAN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3434	DEL CASTILLO SANCHEZ JOHANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3435	LOZANO VALDEZ LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3436	VALENZUELA LOERA OTONIEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3437	AGUIRRE CARDONA LUISA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3438	GAMBOA CARO MABEL ALONDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3439	FONTES CEBALLOS ABEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3440	VARGAS VILLA JOHANA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3441	BALDERRAMA PANDO JONAS SEBASTIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3442	GUTIERREZ ENRIQUEZ LUIS RAUL	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3443	DECANINI VILLALOBOS ADOLFO ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3444	HERNANDEZ VILLA MAGDA ADELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3445	ROMERO VIRAMONTES ADRIANA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3446	CISNEROS SAUCEDA ABELARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3447	JIMENEZ ESPARZA ABELARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3448	HERRERA VAZQUEZ ABISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3449	RIVERA DAW JONATHAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3450	HERNANDEZ BARCENAS ABISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3451	RAMIREZ RAMIREZ ABISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3452	MARTINEZ ROBLES ABNER ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3453	ESPARZA PONCE ADOLFO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3454	SALINAS YAÑEZ ABNER JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3455	MORENO MEJIA ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3456	HERNANDEZ DIAZ ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3457	PERALTA RAMIREZ ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3458	FLORES ZUÑIGA ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3459	MANCERA TELLO ADRIA GETSEMANI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3460	MARTINEZ VALLES ABRIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3461	RAMIREZ MATURAN ABRIL ADILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3462	QUINTANA ENRIQUEZ ABRIL CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3463	RUIZ ESPARZA RODRIGUEZ ABRIL CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3464	ARZOLA SALAS ABRIL DORISMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3465	OLIVAS BARRAZA ADAHY MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3466	BUSTILLOS CHAVEZ ADALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3467	RICO AMPARAN MARGARITA ELIZABETH	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3468	RODRIGUEZ GARCIA MA. TERESITA	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3469	SILVA TALAMANTE ADAMARY DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3470	PINEDO SAENZ ADAN GIOVANNI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3471	VIZCAINO NUÑEZ ADDILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3472	SAENZ JURADO ADELA MIROSLAVA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3473	ATIENZO RIVERA ADOLFO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3474	PONCE DE LEON DUARTE ADOLFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3475	AGUIRRE ESTRADA ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3476	GUERRERO ORTEGA JONATHAN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3477	SALINAS SALAZAR MANUEL ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3478	ALVARADO RAMIREZ JONATHAN INES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3479	RUBIO VILLALOBOS MARLENE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3480	FLORES SOTELO JORDY ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3481	ARANA RODRIGUEZ MANUEL ARMANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3482	RAMIREZ ZAMARRON JORGE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3483	DIAZ BLANCO MANUEL EDUARDO GUADALUPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3484	MARTINEZ ALMEIDA MAURICIO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3485	VELEZ RESENDEZ JORGE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3486	FLORES REAZA MARCO ALEJANDRO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3487	ESTRADA FUENTES JORGE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3488	SIERRA ARBALLO MANUEL ISAI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3489	NEAVE MEZA JORGE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3490	TORRES BENCOMO ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3491	QUINTANA RICARDO LISSETE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3492	MARTINEZ ROCHA MELISSA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3493	ORTEGA NEVAREZ JORGE ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3494	VALDEZ ORNELAS MANUEL NICOLAS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3495	ROJANO BENAVIDES JORGE ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3496	CHAVEZ VILLA JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3497	CASTRO AMAYA MAURICIO DANIEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3498	DE LA ROSA MARTINEZ JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3499	BACA GIL JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3500	REYES HERMOSILLO JORGE ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3501	VARGAS ORDOÑEZ MAYRA ARACELY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3502	RAMIREZ CARBAJAL MARCELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3503	NAVA LOYA MARCELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3504	CONTRERAS MUÑOZ MARCELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3505	VAZQUEZ MONGE MARCO ANTONIO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3506	MONTOYA RAMIREZ JORGE ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3507	RODRIGUEZ SAENZ MARCELA ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3508	LOZANO PEÑA JORGE ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3509	CORTES RAMIREZ JORGE ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3510	HERNANDEZ BURROLA MARCO ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3511	NAJERA GONZALEZ LIZBETH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3512	HUERTA OCHOA MARCO ANTONIC	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3513	GONZALEZ SILVAS ADRIANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3514	AGUIRRE MUÑOZ JORGE ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3515	RAMOS MENDEZ JORGE GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3516	SAPIEN MEDINA JORGE IGNACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3517	OSOLLO MANCHA JORGE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3518	GARCIA MALDONADO JORGE ROBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3519	FELIX FRIAS MARCOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3520	AYALA LOPEZ MARCOS ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3521	ALDAMA WONG JOSE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3522	MONTES VALLES MAYTE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3523	PAYAN MARTA JOSE ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3524	ACEVEDO SALAZAR ADRIANA NATALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3525	CHAVEZ ZARAGOZA MARCOS EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3526	ACOSTA VELAZQUEZ JOSE ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3527	CORRALES PINEDA MELISSA ESMERALDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3528	SANCHEZ CABRAL JOSE ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3529	PERALTA DURAN MARIA CONCEPCION	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3530	LICON QUEZADA JOSE ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3531	HERNANDEZ MEDINA MA. DEL ROSARIO	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3532	GONZALEZ RIVAS JOSE ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3533	GARDEA MALDONADO JOSE ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3534	AGUIRRE GARCIA MICHEL IVETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3535	ANZURES MORALES JOSE ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3536	PUERTA ARCINIEGA JOSE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3537	MATA CISNEROS JOSE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3538	TOBIAS RAMIREZ MARCOS ZAJIR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3539	RAMOS HERNANDEZ MARISOL	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3540	TARANGO ACEVEDO MARELY FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3541	RODRIGUEZ OROZCO JULIO CESAR RAMON	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3542	TALAVERA LEYVA MARGARITA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3543	MELENDEZ COLMENERO MARIA DEL CARMEN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3544	CAÑEZ ROMERO MELISSA ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3545	MIRANDA GUTIERREZ JOSE ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3546	CASTRO HUITRON MARIA ESTEFANY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3547	CASTILLO CHAVEZ MICHELL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3548	REYES TEJON JOSE ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3549	CRUZ MARTINEZ ADRIANA PALOMA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3550	VALENZUELA RUELAS AGUSTIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3551	ESPINO BARRIOS MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3552	GOMEZ LOYA MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3553	BALDERRAMA REYNOSA JOSE ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3554	CORRAL CARRILLO JOSE CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3555	ZUBIATE OROZCO MELISSA STEPHANI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3556	RUIZ ROCHA JOSE CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3557	DELGADO DOMINGUEZ JOSE DE LA LUZ	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3558	OLIVAS VILLALOBOS JOSE ELIAS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3559	PAYAN CARRERA JOSE IGNACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3560	TORRES PILLADO MARIA FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3561	JACOVOS CABALLERO LAURA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3562	PIÑON CARRILLO MIGUEL EDUARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3563	PERALTA CAMPOS JOSE JUAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3564	DOMINGUEZ CANO MARIA FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3565	CHAVEZ NAJERA MARIA FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3566	LAGUNAS MERAZ AHTZIRI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3567	GARCIA ESPINOZA MONICA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3568	CARDONA WONG JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3569	CHICO ONTIVEROS AIKO DEYANIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3570	MATA BOLAÑOS MARIA FERNANDA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3571	PORTILLO ULLOA JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3572	BELTRAN ACOSTA MIGUEL DANIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3573	THAMASSI RODRIGUEZ MINHA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3574	ORTEGA VAZQUEZ JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3575	ZALDIVAR TERRAZAS JOSE LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3576	ACEVES RONQUILLO MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3577	CHAVEZ ALVIDREZ JOSE MARIA	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3578	MEDALLA URIAS JOSE MARIA	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3579	PULIDO DE LA ROSA JOSE MIGUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3580	CHAVIRA MARQUEZ MONICA ROCIO	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3581	VALENCIA CENICEROS MONICA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3582	CALDERON DE ANDA JOSE OCTAVIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3583	SEPULVEDA BOJORQUEZ AILYN AIMEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3584	MARQUEZ ANAYA MARIA GUADALUPE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3585	DELGADO BOLAÑOS ADOLFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3586	HERNANDEZ DE LA ROSA ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3587	WRIGHT OLIVAS ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3588	BACA ORTIZ ADRIAN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3589	VALENZUELA MEDINA ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3590	CUELLAR VARGAS AISLEY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3591	ALFONSO MENDOZA NYDIA LIZETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3592	MONTOYA ROMO LAURA ISABEL	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3593	GARFIO SALAS MITZI RUBI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3594	MARQUEZ CHAVEZ AISLING PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3595	TSUYI LOYA AKEMY HARUMY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3596	GARFIO MINJAREZ ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3597	ESTRADA ARMENDARIZ JOSE RODOLFO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3598	CHAVEZ SERVIN JOSE URIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3599	VAZQUEZ OROZCO ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3600	ENRIQUEZ GARCIA ALAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3601	BACA PEREZ ALAN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3602	GUEVARA CONTRERAS ALAN ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3603	GALLARDO CORONA ALAN ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3604	PEREZ CHACON ALAN BENJAMIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3605	MUÑOZ DOMINGUEZ JOSELYN JAQUELINE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3606	MAYNEZ PEREZ ALAN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3607	GONZALEZ MENDOZA ALAN EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3608	ZUÑIGA QUIÑONEZ ALAN ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3609	RIVERA CAMPISTA ALAN FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3610	GUERRA ENRIQUEZ ALAN GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3611	RODARTE NEVAREZ ALAN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3612	FIERRO RUEDA JOSELYNE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3613	FLORES DOMINGUEZ ALAN MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3614	AGUAYO CAZARES JOSUE FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3615	PEREZ ARAGON ALAN ORLANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3616	ANCHONDO QUIÑONEZ ALAN RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3617	VALENCIA CEBALLOS ALAN SANTIAGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3618	MEZA MORALES ALAN SANTIAGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3619	ROMO ENRIQUEZ ALBA IRENE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3620	SALAZAR SILVA JOSUE ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3621	ACOSTA CRUZ ALBERTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3622	ONTIVEROS MENESES ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3623	DELGADO PEREZ ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3624	VALVERDE PACHECO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3625	DELGADO MARTINEZ ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3626	ESTRADA PORTILLO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3627	MARTINEZ ADAME ADRIAN ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3628	DOMINGUEZ GRIJALVA ALDAHIR HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3629	GUZMAN LUNA JOSUE RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3630	TENA MONTES ALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3631	PARGA HERNANDEZ JOVANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3632	PONCE VALTIERREZ JUAN ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3633	JAEN CORRAL ALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3634	VAZQUEZ RODRIGUEZ ALDO AXEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3635	ALBA SANCHEZ ADRIAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3636	VALDEZ SARMIENTO ALDO ELI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3637	TORRES SANCHEZ JUAN ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3638	DURAN GONZALEZ ALDO SINAI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3639	MENDIVIL ZARATE MARIA ISABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3640	ORTEGA LOZANO ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3641	OLIVAS GUTIERREZ JUAN CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3642	GONZALEZ GONZALEZ ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3643	VILLEGAS BETANCOURT ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3644	VARGAS BARAJAS ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3645	ALVARADO OCHOA JUAN CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3646	ENRIQUEZ ARAGON ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3647	GUTIERREZ GARCIA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3648	GUTIERREZ MENDIVIL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3649	PEREZ BENCOMO ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3650	ORPINEL ACOSTA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3651	AGUILAR MUÑOZ ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3652	GARCIA AVILA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3653	TOVAR CASTILLO JUAN CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3654	MENDEZ GARCIA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3655	ACOSTA BUSTAMANTE ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3656	DOMINGUEZ DELGADO ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3657	GALLEGOS GALINDO ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3658	VILLANUEVA HERNANDEZ JUAN DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3659	TRILLO GINEZ ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3660	GONZALEZ CONTRERAS ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3661	SERRANO ARMENDARIZ ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3662	ORTIZ MORALES JUAN DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3663	MUÑOZ MENDOZA MARIA JOSE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3664	GUERRERO GONZALEZ ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3665	RIVERA RIVERA ALEJANDRA ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3666	MORA ESTRADA ALEJANDRA ARALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3667	CID FONSECA ALEJANDRA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3668	MOLINA CHAPARRO ALEJANDRA ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3669	SANTANA MONTES JUAN DE DIOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3670	DOMINGUEZ GARAY ALEJANDRA JULISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3671	RIVAS ALMUINA ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3672	PEREZ GUTIERREZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3673	CASTILLO CORDOVA ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3674	JIMENEZ LOYA ADRIAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3675	ACOSTA RODRIGUEZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3676	FIERRO VALTIERREZ JUAN ISRAEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3677	CHAVEZ CHAVEZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3678	ARMENDARIZ ZARATE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3679	RODRIGUEZ ESCOBAR ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3680	ALARCON ALVIDREZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3681	CONTRERAS RUIZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3682	ANAYA OCHOA ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3683	CASTRO GONZALEZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3684	VILLARREAL AGUIRRE ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3685	RIVERO MERAZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3686	ESTRADA CRUZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3687	ARMENDARIZ URRUTIA ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3688	OLIVAS PONCE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3689	ESPARZA ALARCON ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3690	MENDEZ VAZQUEZ MARIA JULIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3691	BOLAÑOS RODRIGUEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3692	IRUEGAS DOMINGUEZ ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3693	SALDAÑA MENDOZA ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3694	FABELA CANO ALEJANDRO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3695	ZAMORA ROMERO ALEJANDRO ELI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3696	ANCHONDO ORTIZ ALEJANDRO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3697	CHAVEZ SAENZ ALEM ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3698	ACEVEDO ZERMEÑO JUAN MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3699	GALLEGOS PEREZ JUAN MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3700	RAMOS MENDOZA ALEX VIVIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3701	DE LA ROSA RUIZ ALEXA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3702	DEL REAL QUEZADA ALEXA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3703	PEREZ PONCE ALEXA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3704	DIAZ ISLAS ALEXA MICHEELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3705	AGUILAR RAMIREZ ALEXANDER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3706	RODRIGUEZ ORNELAS ALEXANDRA DANALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3707	RODRIGUEZ GOMEZ ALEXIA RENEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3708	TERRAZAS RAMOS ALEXICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3709	LUJAN VARGAS ALEXICA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3710	RUIZ MORENO LLUVIA ETER	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3711	TREJO NUÑEZ ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3712	CORRAL RODRIGUEZ ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3713	VEGA GARCIA ALEXIS JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3714	VILLALOBOS GONZALEZ ALEXIS MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3715	OLMOS ACOSTA ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3716	ARZAGA TERRAZAS ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3717	RASCON CASTILLO ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3718	HERNANDEZ BARCENAS JUAN OCTAVIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3719	LOPEZ LOERA ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3720	MONCAYO LOZANO ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3721	PORRAS MALOOF ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3722	MENDOZA BUSTILLOS ALICIA AYMETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3723	GOMEZ RODRIGUEZ ALICIA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3724	BARRAZA CASTRELLON ALICIA ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3725	VALDIVIEZO BALBUENA ALICIA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3726	MARTINEZ BARRON ALICIA IVETTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3727	MALDONADO HERMOSILLO ALICIA JANETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3728	OLIVAS JUAREZ JUAN PABLO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3729	SANDOVAL HERRERA JUAN RAMON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3730	COLIN GAITAN ALIDDA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3731	OCHOA REYES ALIS JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3732	ARCE RUBIO ALLISON RUBI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3733	GRAJEDA SANCHEZ ALMA DENISSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3734	DELGADO SUAREZ ALMA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3735	HERNANDEZ GARCIA MARIA MARLEN	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3736	GABALDON ENRIQUEZ ALMA MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3737	BUSTILLOS MACIAS ALMA NALLELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3738	MANDUJANO VILLALOBOS ALMA ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3739	HARMON RAMOS JUDITH ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3740	GARCIA CONTRERAS JUDITH ISACC	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3741	DOMINGUEZ ORONA ALMENDRA YUZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3742	MUÑOZ LOPEZ ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3743	RODRIGUEZ GONZALEZ ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3744	HERNANDEZ BACA ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3745	ALVARADO CORONA ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3746	SALDIVAR NIETO MIRIAM JUDITH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3747	PORTILLO CORRAL ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3748	GONZALEZ MARTINEZ ALONDRA GEOVANNI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3749	PANDURO VALENZUELA ALONDRA JUDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3750	RAMIREZ TAPIA ALONDRA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3751	HERNANDEZ VAZQUEZ ALONDRA MARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3752	ALANIS CHAVEZ ALONDRA MARGARITA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3753	AUDE HERREJON ALONDRA SAMANTHA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3754	SIMENTAL GERMES JULIA VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3755	ANDUJO CARRANZA ALONDRA VANELLY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3756	URIBE RANGEL MITZI YANETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3757	CARRILLO DE SANTIAGO MARIA SARAHÍ	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3758	MENDIVIL SALAS ALONDRA YUSALETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3759	AGUIRRE ALVAREZ ALONDRA ZAYDI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3760	DOMINGUEZ SOSA JULIAN ERIK	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3761	POBLANO RAMIREZ ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3762	HERRERA RANGEL ALONSO EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3763	QUINTANA ACOSTA ALVARO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3764	DURAN FUENTES ALVARO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3765	RODRIGUEZ CHAVEZ ALVARO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3766	SAENZ GRAJEDA JULIAN GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3767	TORRES IGLESIAS ALVARO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3768	BAEZA ACEVEDO JULIO ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3769	VILLARREAL GANDARA ALVARO ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3770	LOPEZ NAPOLES ALVARO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3771	PINEDA TREVIZO AMAIRANYE ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3772	ALVIDREZ DUARTE JULIO CESAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3773	CHAVEZ GOMEZ AMARANTA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3774	NUÑEZ ARMENDARIZ AMERICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3775	QUINTANA MUÑOZ AMERICA ITZELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3776	CORRAL ESCAMILLA AMERICA YAMILETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3777	AGUILAR ZUBIA AMIR SALVADOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3778	MORENO QUINTANA AMY AMERICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3779	CHAVEZ FERNANDEZ AMY PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3780	RODRIGUEZ GUTIERREZ ANA ALICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3781	CARNERO SANDOVAL ANA CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3782	PEÑA MAYNEZ ANA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3783	HERNANDEZ CARRASCO BRENDA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3784	GARCIA RIOS JULIO CESAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3785	LARA MURILLO ANA ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3786	VEGA GOMEZ ANA ELISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3787	LICON CHAVEZ MARIA TERESA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3788	ACOSTA FIERRO ANA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3789	DE LEON VILLANUEVA ANA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3790	GARCIA MEDINA MONICA AKETZALLI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3791	MARTINEZ RODRIGUEZ ANA GEORGINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3792	GALLEGOS SOTO ANA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3793	PRADO CALDERON ANA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3794	MADRID RASCON ANA JAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3795	MONTOYA GARCIA ANA JENNIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3796	CAMPILLO AVILA ANA JULIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3797	FIERRO GONZALEZ ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3798	PAZ GARCIA ANA KAREN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3799	MANCINAS ROMERO ANA KAREN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3800	SAUCEDO CARBAJAL AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3801	DELGADO ROCHA ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3802	ZUBIATE TORRES ANA KAREN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3803	AVILA PEREZ ANA KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3804	MARQUEZ VALLE MONICA MARIANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3805	CHAVEZ CAMPOS ANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3806	AGUIRRE MUÑOZ LOURDES ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3807	BOJORQUEZ SOLIS JULIO MISAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3808	MARTINEZ GONZALEZ JULISSA FABIOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3809	PACHECO BURROLA ANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3810	RODRIGUEZ GONZALEZ ANA LORENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3811	RUVALCABA TORRES ANA LOYOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3812	OLIVAS PALACIOS ANA LUISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3813	RASCON MENDOZA JUSTIN ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3814	ALVARADO IZAGUIRRE ANA MAGDALENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3815	MIRANDA ROBLES ANA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3816	TORRES GAYTAN ANA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3817	HERRERA ROSALES MARTIN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3818	RASCON PONCE KARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3819	MARIN AGUILAR ANA MARIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3820	SOLIS ZUBIATE KARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3821	PIÑA VILLEGAS ANA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3822	LOO HERRERA ANA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3823	MACIAS GRANADOS MONICA YAZMIN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3824	CARLOS CABRAL ANA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3825	CISNEROS CASTILLO ANA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3826	ALVAREZ RODRIGUEZ ANA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3827	ACOSTA FLORES ANA PATRICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3828	GARCIA SOSA ANA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3829	CHAVEZ FIERRO ANA PAULA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3830	RODRIGUEZ MIRANDA KARELY DENE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3831	GAMBOA HERRERA ANA PAULA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3832	OJEDA SIQUEIROS ANA PAULA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3833	ESPARZA CALDERON ANA PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3834	CERVANTES BAHENA ANA PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3835	MENCHACA TORROELLA MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3836	ORPINEL DIAZ ANA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3837	GARCIA DAVILA ANA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3838	SALINAS URANGA ANA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3839	VARGAS MENCHACA ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3840	DOMINGUEZ ZESATI ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3841	MINGURA ERIVES KAREN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3842	JAIMES BELTRAN ANA VELIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3843	GUTIERREZ ARIAS ANA VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3844	RIVERA MUÑOZ KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3845	AGUIRRE MEDINA KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3846	GALLEGOS MELENDEZ ANA VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3847	FLORES LAZO ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3848	LOYA RIESTRA ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3849	BORUNDA RUIZ ANA YADEN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3850	SANCHEZ OCHOA ANAHEL IRAIZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3851	CORDERO PALMA KAREN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3852	RODRIGUEZ RIVAS ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3853	RAMIREZ ORTIZ MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3854	OLIVAS BAYLON ANDER IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3855	SOTO PIÑON ANDRE ISMAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3856	PORTILLO CARRERA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3857	MELENDEZ SOTO ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3858	ORTIZ AVILA AARON ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3859	CARRILLO PRIETO ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3860	PEREZ SANCHEZ KAREN DEYANEIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3861	NAVA ADAME ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3862	GUTIERREZ PIÑA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3863	DE LA ROCHA CONTRERAS ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3864	ESCOBAR COVARRUBIAS KAREN IVONNE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3865	RUIZ LOYA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3866	AGUILAR CABRERA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3867	GARFIO GUTIERREZ KAREN JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3868	RODRIGUEZ RIOS ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3869	ONTIVEROS MOLINA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3870	HOLGUIN DOMINGUEZ ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3871	TORRES MUÑOZ KAREN JAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3872	GARCIA RODRIGUEZ ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3873	ALVAREZ PEREZ ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3874	MENDEZ RIVERA KAREN JOANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3875	HERNANDEZ BELTRAN DEL RIO ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3876	AVILA SANCHEZ ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3877	GARCIA DE LA CADENA LARA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3878	MORENO PEREZ KAREN LIZBETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3879	RUIZ TORRES ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3880	CORONA GARCIA MIGUEL AGUSTIN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3881	LUCERO FIERRO KAREN LIZETTE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3882	BARRAGAN DE SANTIAGO ANDREA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3883	DELGADO BALDERRAMA ANDREA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3884	GAMBOA RODRIGUEZ ANDREA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3885	ALONSO OCHOA ANDREA LIBIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3886	PEREZ VALDEZ ANDREA LISSET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3887	DIAZ BELTRAN ALISON MADAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3888	GUTIERREZ LARA ANDREA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3889	RODRIGUEZ MARTINEZ ANDREA NALLELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3890	VELASCO MARQUEZ ANDREA NAYOMI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3891	ARMENDARIZ SANDOVAL ANDREA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3892	TORRES MONTES ANDREA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3893	PRIETO MENDEZ KAREN MARIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3894	MUELA ALTAMIRANO ANDREA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3895	ACOSTA LUCIO ANDREA PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3896	PARRA ORTEGA ANDREA ROSALBA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3897	LUGO ROBLES ANDREA SUSANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3898	CHAVEZ GOMEZ ANDREA VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3899	ORDOÑEZ MALDONADO ANDREA YANELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3900	JUAREZ PAYAN ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3901	HERNANDEZ BONILLA KAREN MICHEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3902	CARRERA GARCIA ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3903	BALCORTA BAEZA MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3904	ROBLES LUCERO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3905	FLORES ALVAREZ KAREN ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3906	ORTIZ RODRIGUEZ ANDRES ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3907	ESTRADA CHAVEZ ADRIAN FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3908	ABIN SALCIDO ANDRES AVELINO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3909	HERNANDEZ HERNANDEZ ANDRES IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3910	MANRIQUEZ CHAPARRO ANDRES RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3911	VIRAMONTES CARRILLO ANEL LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3912	CABELLO MARTINEZ MYRNA ISABEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3913	FRAIRE GUZMAN ANEL VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3914	PEREZ ORPINEL ANETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3915	GONZALEZ JAQUEZ ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3916	HERNANDEZ AMPARAN ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3917	HERNANDEZ ALVARADO ANGEL ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3918	FLORES VELAZQUEZ ANGEL ADOLFO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3919	VELAZQUEZ MONZON ANGEL ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3920	MILLAN CHAVIRA ANGEL ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3921	TORRES QUIÑONES ANGEL ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3922	GALLEGOS GIL KAREN VIANEY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3923	BANDA REYES ANGEL AXEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3924	CORONADO ROMERO NANCY ANABEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3925	CARRERA CAZARES ANGEL BRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3926	OSORIO ZUBIA ANGEL GEOVANNI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3927	MONTOYA SANDOVAL ANGEL GUILLERMO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3928	RODRIGUEZ ESPINOZA ANGEL IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3929	FLORES SOTO ANGEL JASSON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3930	BAEZA SOLIS ANGEL RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3931	LUCERO GUTIERREZ ANGEL ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3932	BARRERA ESPINOZA ANGEL RODOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3933	COVARRUBIAS FUENTES ANGEL SERGIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3934	VILLALPANDO MIRANDA KARIMS YADIRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3935	HERNANDEZ CONTRERAS ANGEL URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3936	DUARTE LOPEZ ANGELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3937	SILVA HERNANDEZ ANGELA MARIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3938	BUSTILLOS CASTRO ANGELA MENEY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3939	PONCE TORRES ANGELA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3940	RAMIREZ RODRIGUEZ ANGELES GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3941	SOLANO PARRA ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3942	GUTIERREZ RODARTE ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3943	LOYA VARGAS LAURA NALLELY	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3944	MELENDEZ MURILLO ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3945	HERNANDEZ GALLEGOS ANGIE KARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3946	BUSTILLOS TREJO ANNA KAREN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3947	MOLINA CHAVEZ KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3948	RAMOS CONTRERAS ANNA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3949	MARTINEZ AVILA LUIS ALAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3950	HERNANDEZ HERNANDEZ ANTHONY STEVEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3951	CORONA RIVERA KARINA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3952	VALDEZ TALAMANTES ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3953	MARQUEZ CARRERA KARINA ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3954	GALVAN LOPEZ ANTONY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3955	RUIZ GUZMAN ARACELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3956	VILLALOBOS RETA ARACELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3957	MEDIANO ARAMBULA ARACELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3958	TENA AGUIRRE ARACELY DE JESUS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3959	CHAPARRO MORENO ARELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3960	MENCHACA QUIÑONEZ ARELI RUBY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3961	OLIVAS SANCHEZ ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3962	HIDALGO MELENDEZ ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3963	GANDARILLA MICHEL ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3964	GUTIERREZ CERA AREMY YARAVID	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3965	VARELA RASCON MARIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3966	NEVAREZ ENRIQUEZ ARI ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3967	ALDABA RODRIGUEZ KARINA SELENE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3968	RAMIREZ RAMIREZ ARIANA ELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3969	TORRES DIAZ ARIANNA NICOLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3970	ESTRADA MUÑOZ KARINA YOLANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3971	ESPINOZA DURAN KARLA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3972	LOPEZ BENCOMO ARLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3973	CHAVEZ PEREZ ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3974	SANTANA LARA ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3975	ARTEAGA MARTINEZ ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3976	FACIO RIVAS ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3977	VAZQUEZ CASTILLO ARMANDO ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
3978	CARO DURAN ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3979	PORTILLO VALDEZ ARTURO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3980	ACOSTA FERREIRO MARIANA FRANGHIE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3981	LARA NAVARRO ARTURO ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3982	GUTIERREZ LIMAS ARTURO ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3983	GUERRA GARCIA ARTURO HERNAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3984	TALAMANTES GARCIA KARLA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3985	CAMACHO HERNANDEZ KARLA EDITH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3986	CHAVEZ MORALES ASHLEY ADRIETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3987	NERY MACIAS ASHLEY ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3988	ARANA . ASHLEY MARIE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3989	FIERRO ARZABALA ASHLEY PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3990	JAQUEZ HERNANDEZ ASHLING ROXANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3991	PALICIO GONZALEZ ASTRID	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3992	GONZALEZ OCON ASTRID ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3993	VALDEZ GUTIERREZ ATALI YAMILETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
3994	TORRES FIERRO KARLA ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3995	SALDAÑA LUJAN ATZIN DE JESUS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3996	MARIN ARAUJO AXEL YAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3997	BALDERRAMA VILLARREAL AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3998	MARTINEZ BELTRAN AYLIN ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
3999	MARQUEZ TORRES KARLA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4000	MONTIEL RENDON AYLIN DENNISE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4001	CERVANTES PEÑA AYLIN REBECA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4002	LEE AVILA BAK YEUN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4003	AGUILERA HERRERA BANELLY GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4004	ACOSTA DELGADO BEATRIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4005	HERNANDEZ RODRIGUEZ BEATRIZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4006	SILVA DEL ROSARIO BEATRIZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4007	ALVAREZ BACA BELEN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4008	MONTES LOPEZ BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4009	FRANCO ALARCON BERTHA ALICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4010	RUIZ CHAVIRA BERTHA ALICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4011	QUIÑONEZ LOPEZ KARLA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4012	DURAN FLORES KARLA GISELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4013	SEGOVIA ZUBIA ADRIAN IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4014	SANCHEZ REGALADO BETZABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4015	MARTINEZ PEDRAZA KARLA GRACIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4016	MUÑOZ MENDEZ BIANCA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4017	SANCHEZ LOPEZ BIANCA YUNUEN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4018	PARRA AGUILAR KARLA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4019	ALVAREZ VALENCIA KARLA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4020	TORRES MORENO BIANEY HORTENCIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4021	LOPEZ MENDOZA NEANA ELISAMA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4022	VIDAÑA RUIZ BLANCA ANAI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4023	IBARRA CORDERO KARLA MARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4024	RODRIGUEZ LARREA BLANCA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4025	ROMERO VARGAS BLANCA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4026	ANDRADE PADILLA BLANCA SELENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4027	OROZ SANCHEZ BLANCA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4028	FIERRO GALVAN BRANDON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4029	MENDOZA ALATORRE MARIBEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4030	JUAREZ AVITIA BRANDON	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4031	ALEMAN GUERRERO BRANDON	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4032	ARMENTA VENZOR BRANDON ALAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4033	MARTINEZ MARTINEZ BRANDON ANTONIO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4034	ACOSTA LAZCANO BRANDON ARTURO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4035	ROCHA RODRIGUEZ NADIRK MARIN	32 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4036	ISASI MALDONADO BRANDON BLADIMIR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4037	RODRIGUEZ ARMENDARIZ BRANDON IVAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4038	SALDIVAR TREVIZO BRANDON NOEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4039	MEDINA TERRAZAS BRANDON OBED	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4040	CALDERON PARADA KARLA MICHEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4041	CHAVEZ ROMANO BRAULIO ISMAEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4042	ESCOBEDO ENRIQUEZ KARLA NICOLE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4043	DEL CASTILLO ALMANZA KARLA ODHALYS	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4044	CASTREJON ROMERO BRAYAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4045	QUINTANA PACHECO BRAYAN ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4046	LOPEZ ESQUIVEL BRAYAN ARAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4047	JUAREZ LOPEZ BRAYAN IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4048	RIOS PIÑON BRAYAN MARCELO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4049	SANCHEZ CHAVOYA KARLA PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4050	VIEZCAS CEBALLOS BRAYAN RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4051	BARRIOS TERRAZAS BRAYAN ULISES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4052	SEPULVEDA GUERRERO BRENDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4053	ALVARADO RIVERA BRENDA ALINNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4054	SALINAS CARRILLO MARIEL ARIADNE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4055	MONTES RAMOS BRENDA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4056	FIERRO ESQUEDA KARLA PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4057	OCON ENRIQUEZ KARLA RUBY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4058	CORDERO MENDOZA LEILANY	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4059	REYES MORALES BRENDA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4060	VARGAS RICO BRENDA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4061	SANCHEZ GALVAN BRENDA KARHELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4062	ARAGON MARTINEZ BRENDA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4063	CENICEROS VILLALOBOS BRENDA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4064	FLORES CAÑAS BRENDA SAMANTA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4065	VILLALOBOS LOPEZ BRENDA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4066	VIEYRA RODRIGUEZ BRENDA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4067	HERNANDEZ QUINTANA MARIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4068	HERNANDEZ EVANGELISTA BRENDA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4069	CEBALLOS CORRAL BRENDA YANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4070	DOMINGUEZ CERVANTES BRIAN EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4071	RODRIGUEZ VARELA BRIAN HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4072	MEDINA QUEZADA KARLA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4073	CORONA MARTINEZ BRIAN MISAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4074	MONJARAZ HERRERA MARIO ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4075	MEDINA HERNANDEZ KARLA SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4076	ARAGON GARCIA BRIANDA SHACELL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4077	DURAN AMAYA BRIANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4078	HERNANDEZ MARQUEZ BRISA CRISTAL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4079	DOZAL LARA BRISSA LIZETH	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4080	MARTINEZ CORRAL NIDIA CAROLINA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4081	ORNELAS SANDOVAL BRISSA MORAYMA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4082	TORRES MENDEZ BRISSA NAYELI	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4083	OCAMPO PLASCENCIA NALLELY ALEJANDRA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4084	KLASSEN GONZALEZ BRITANNY MELISSA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4085	MALDONADO CARRANZA KARLA YAMILETH	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4086	AGUIRRE NATERA BRIZA SELIM	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4087	CASTILLO . KARLA YARELY	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4088	ESPINOZA MURILLO BRIZETH MELISSA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4089	CARRILLO GARCIA BRYAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4090	VILLA RODRIGUEZ BRYAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4091	DUARTE CONTRERAS BRYAN ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4092	LARREA MARQUEZ BRYAN ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4093	DOMINGUEZ GONZALEZ BRYAN ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4094	OCHOA PORTILLO BRYAN ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4095	ROSALES REYNA BRYAN ARMANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4096	CHAVIRA SANCHEZ KARLA YESENIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4097	MARQUEZ MARIÑELARENA BRYAN AUDEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4098	QUIÑONEZ VALENZUELA BRYAN ESAU	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4099	BALBUENA MOLINA BRYAN ISIDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4100	NAVARRO LUNA KAROL NAYELLI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4101	LOPEZ RUBIO BRYAN JESREL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4102	SALDIVAR URIAS BRYAN LEONARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4103	HERRERA MOLINA BRYAN OSVALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4104	ALEMAN HERNANDEZ BRYAN RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4105	GONZALEZ HERNANDEZ BRYAN RAMON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4106	SALINAS MAGALLANES KATHERINE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4107	LARRIETA BETANCOURT BRYAN ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4108	VILLALBA BUSTILLOS BRYAN RUBEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4109	CARRILLO ROMAN BRYAN YAEHARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4110	DOMINGUEZ MUÑIZ BRYANT ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4111	RAMIREZ CRUZ CAMILA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4112	GUTIERREZ VILLEGAS CARLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4113	BENITEZ ALVAREZ CARLA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4114	NUÑEZ CALDERON CARLA YANELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4115	MOLINA CARMONA CARLO JOVANNI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4116	CASTILLO PORTILLO CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4117	GARCIA MARQUEZ CARLOS AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4118	TEJEDA VARGAS CARLOS ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4119	ZERMEÑO GUERRERO KATHIA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4120	FABIAN COSS CARLOS ALANN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4121	DIAZ HERNANDEZ CARLOS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4122	SALAZAR ANDUJO CARLOS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4123	ROSALES VALLEJO CARLOS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4124	FERNANDEZ TORRES CARLOS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4125	PARRA PERALTA KATIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4126	DIAZ BALLESTEROS CARLOS ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4127	POMPA AMAYA CARLOS AMBROCIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4128	CHAVIRA CEBALLOS CARLOS ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4129	GALLARZO CANO KATYA IBANELLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4130	OAXACA GUTIERREZ CARLOS ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4131	MARTINEZ MERINO CARLOS ASHMET	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4132	RASCON HERNANDEZ CARLOS DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4133	MEZA AYALA CARLOS DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4134	RODRIGUEZ DOMINGUEZ MARIO JHAZIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4135	QUIÑONES GUTIERREZ CARLOS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4136	MORALES CUEVAS CARLOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4137	AVILEZ MARTINEZ KATYA MICHELLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4138	TREVIZO GOMEZ CARLOS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4139	MONTES ACOSTA CARLOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4140	PORTILLA MORALES CARLOS ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4141	ECHEVERRIA RAMIREZ CARLOS FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4142	ADAME RASCON KENIA VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4143	LOPEZ VENEGAS KEVIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4144	CHAVEZ MORENO KEVIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4145	MENDOZA ARROYO CARLOS HERNAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4146	OLOÑO FIERRO CARLOS ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4147	VALENZUELA BANDA KEVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4148	VALDEZ MADERO KEVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4149	RODRIGUEZ VAZQUEZ CARLOS JOSE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4150	TORRES PEREZ CARLOS JOVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4151	MUÑOZ DIAZ CARLOS MARIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4152	JUAREZ BUENO KEVIN ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4153	CALDERON ARROYO CARLOS MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4154	LIZARRAGA GRANADOS CARLOS MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4155	CASTAÑEDA BUSTAMANTE CARLOS PATRICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4156	AGUILAR TREVIZO KEVIN DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4157	MARTIN DEL CAMPO BLANCO CARLOTA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4158	GONZALEZ ACOSTA CARMEN GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4159	TEJEDA CARRASCO CARMEN ISELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4160	VILLANUEVA AGUIRRE CARMEN MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4161	BARRAZA MAURICIO CARMEN NATALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4162	ADAME THOMAS CARMEN SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4163	RAMOS GONZALEZ CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4164	MARTINEZ LOYA CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4165	RUIZ . CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4166	NAVA COTA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4167	MARTINEZ CARAVEO CAROLINA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4168	GOMEZ PAYAN CASSANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4169	MENDOZA MIRAMONTES CASSANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4170	RODRIGUEZ GARCIA KEVIN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4171	NUÑEZ BAJO CASSANDRA ENYD	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4172	MARQUEZ VILLAGRAN CATHERINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4173	RUIZ MORALES CECILIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4174	PEREZ DURON CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4175	SANCHEZ DE LA CRUZ CECILIA MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4176	RODRIGUEZ MACIAS CELESTE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4177	RODRIGUEZ CRUZ CELINA JOSEPHINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4178	ERIVES CHAPARRO KEVIN EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4179	CASTILLO CISNEROS CESAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4180	SECUNDINO MONTERO KEVIN JAIR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4181	HOLGUIN PRADO CESAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4182	DERAS VEGA CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4183	VALTIERRA VALLES CESAR ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4184	LAGOS OLIVAS CESAR ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4185	CARREON JIMENEZ CESAR ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4186	VILLEZCAS SOTELO CESAR AXLEY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4187	MARTINEZ ESPINOZA KEVIN JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4188	BARROSO ANGELES KEVIN JOAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4189	DELGADO CALDERON CESAR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4190	BALDENEBRO BRISEÑO CESAR ELLIOTT	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4191	JAVALERA TRUEBA CESAR FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4192	SALINAS GONZALEZ CESAR IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4193	MUNGUIA PIÑON KEVIN RAYMUNDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4194	GARCIA ZARAZUA CESAR OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4195	DE LA CRUZ MANCHA KEVIN ROMAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4196	ESCOBAR ESTRADA CESAR ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4197	ANCHONDO CALLEROS CESAR URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4198	TERRAZAS BILBAO KEVIN SAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4199	CHAVIRA ROJO CESAR ZAHIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4200	JIMENEZ ORTIZ CHRISTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4201	ADAME CHAVIRA CHRISTIAN ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4202	ESPARZA RODRIGUEZ KEVIN YAIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4203	CABRERA CALVILLO CHRISTIAN ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4204	GUERRERO TORRES CINDY JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4205	QUINTANA JAQUEZ CINDY MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4206	BRITO ACOSTA CINTHIA AMAIRANY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4207	SOTELO PEREZ CINTHIA ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4208	GONZALEZ CORTEZ CINTHIA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4209	MOLINAR DURAN CINTHIA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4210	CENDON BAQUERA CINTHIA JAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4211	LUPIO MARTINEZ CINTHIA JUDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4212	PORTILLO HERNANDEZ CINTHIA LARIZA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4213	RAMIREZ ORDOÑEZ MARISOL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4214	AVILA HOLGUIN KIMBERLY OLIVIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4215	PASILLAS ROBLES CINTHIA SARAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4216	GONZALEZ BRAVO KITSIA ADILENE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4217	CONTRERAS SANCHEZ CINTHYA DANELLI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4218	RIVAS OROZCO CINTHYA MAGALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4219	ESTRADA TORRES CITLALLI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4220	MARTINEZ ARMENDARIZ CLARA BEATRIZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4221	SANTIESTEBAN VARGAS CLAUDIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4222	MONDRAGON QUIRINO KRISTA AYLIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4223	DE LOS ANGELES CHAVIRA NITSY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4224	ROSAS GARCIA CLAUDIA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4225	DE LA O ANAYA CLAUDIA DEYANIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4226	CARRASCO SALAIS CLAUDIA IVETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4227	HERNANDEZ MUELA CLAUDIA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4228	REYES CASTRUITA CLAUDIA KARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4229	CASTAÑEDA MEZA LAURA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4230	GARCIA LOPEZ CLAUDIA LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4231	HOLGUIN JAVALERA MARISOL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4232	AYALA GOMEZ NITZIA ROCIO	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4233	AMPARAN TALAMANTES CLAUDIA LIZETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4234	QUEZADA GONZALEZ CLAUDIA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4235	GARCIA GONZALEZ CLAUDIA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4236	PACHECO VALLES CLAUDIA YESENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4237	MARTINEZ BARRIOS CLAUDIO DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4238	MARTINEZ HERMOSILLO CONRADO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4239	SOLANO MARTINEZ CONSUELO BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4240	ARREDONDO MEDINA CRISTAL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4241	NIETO VASQUEZ LAURA CECILIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4242	MORALES TREVIZO CRISTAL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4243	VENZOR MADRID CRISTAL ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4244	ORTIZ RAMIREZ CRISTAL KORINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4245	FLORES GONZALEZ NATANAEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4246	LUNA CASILLAS LAURA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4247	ARANGURE GALLEGOS CRISTEL ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4248	RODRIGUEZ HERNANDEZ CRISTHIAN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4249	ANCHONDO LICON CRISTIAN ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4250	TALAMANTES CHAVEZ CRISTIAN ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4251	RIVERA ESTRADA LAURA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4252	CHAVEZ CHAVEZ LAURA MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4253	RAMOS RIVAS CRISTIAN ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4254	DELGADO MENDEZ CRISTIAN ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4255	MACIAS GONZALEZ CRISTIAN OLAF	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4256	CENICEROS QUINTANA CRISTIAN PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4257	GONZALEZ JAQUEZ CRISTIAN VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4258	CHAVARRIA BARCENAS CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4259	CHAVIRA WEBER CRISTINA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4260	DIAZ GUTIERREZ CRISTINA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4261	SANDOVAL RIOS CRISTOBAL JASSIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4262	PEREZ ROCHA CRISTOFER NAUM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4263	AYALA MARIÑELARENA CRISTOPHER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4264	CORDOVA GUERRERO CRISTOPHER SABACTANI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4265	LUNA ARMENTA CYNTHIA CITLALI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4266	CARDENAS TORRES CYNTHIA PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4267	QUINTANA VALLES DAFNE CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4268	GANDARILLA CHAVEZ DAHAMAR VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4269	LAZOS RAMOS DALILA NEFTALI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4270	BLANCO PACHECO LEILA PALOMA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4271	FRANCO GONZALEZ DAMAR BETZABE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4272	ABE GARCIA DAMARIS ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4273	MENDIAS ZARATE DAMARIS YAMILET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4274	SIGALA VARELA LEOBARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4275	MOLINA HIDALGO DAMARIZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4276	CASTRO FELIX DANA PATRICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4277	RODRIGUEZ SAENZ DANEIRA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4278	CHAVEZ MUÑOZ DANIA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4279	VALENCIA NAJERA DANIA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4280	LOPEZ VILLALOBOS DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4281	LOERA GUTIERREZ DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4282	LEDESMA AGUIRRE DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4283	MENDOZA MARTINEZ LEONEL FELICITOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4284	DURAN GUTIERREZ DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4285	LARA OROZCO DANIEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4286	MORALES HERNANDEZ LEOPOLDO EMMANUEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4287	MORALES HERNANDEZ DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4288	ORDOÑEZ FIGUEROA DANIEL ALBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4289	MUÑOZ MARTINEZ DANIEL ALBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4290	ARZAGA BECERRA DANIEL ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4291	HERNANDEZ HERNANDEZ DANIEL ALFREDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4292	TRILLO SALINAS LESLIE ANAHI	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4293	GOMEZ MARTINEZ DANIEL ANTONIO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4294	GUEVARA ORTEGA DANIEL EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4295	GUTIERREZ GONZALEZ DANIEL EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4296	PALAFIX RAMIREZ LESLIE CAROLINA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4297	MORA GUTIERREZ DANIEL EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4298	CHAPA ORDOÑEZ DANIEL GERARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4299	PADILLA ORTIZ DANIEL RICARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4300	SOTO MORALES DANIEL ROBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4301	VAQUERA TORRES DANIEL ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4302	ESPINOZA BACA DANIEL ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4303	RUIZ RODRIGUEZ DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4304	MORENO LOYA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4305	GARCIA SIERRA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4306	LOPEZ GODINEZ DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4307	PADILLA LEDEZMA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4308	ORDOÑEZ ORTIZ DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4309	ESPINO ARRIETA LESLIE CASSANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4310	RAMIREZ JAQUEZ DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4311	HERNANDEZ TERRAZAS DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4312	TORRES REYES DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4313	QUIÑONEZ PAYAN DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4314	MORENO BORDIER DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4315	VALENZUELA RIOS LESLIE MARIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4316	DURAN URTUSUASTIGUE DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4317	MATA VILLALOBOS DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4318	HERNANDEZ DAVILA DANIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4319	SOSA REYES DANIELA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4320	CHAVEZ GARAY DANIELA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4321	SANCHEZ DUARTE DANIELA ARANZA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4322	ROMO CASTILLO DANIELA CELINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4323	MONTAÑEZ AVILA DANIELA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4324	LECHUGA TARANGO DANIELA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4325	ELENES HERRERA DANIELA ITZSUMY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4326	HERNANDEZ MAYNEZ OBED	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4327	LEON TORRES MARISSA PAMELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4328	QUEZADA NEGRETE DANIELA IVETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4329	CALAHORRA MADRID DANIELA IVETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4330	OLIVAS PEREYRA DANIELA LARISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4331	SIGALA CORRAL DANIELA LETICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4332	ORTIZ ROQUE DANIELA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4333	DELGADO ORTEGA LESLIE MICHELLE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4334	MONTES MARTINEZ DANIELA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4335	ALBA LERMA DANNA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4336	MARQUEZ CUEVAS DARIO ITZAMNA	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4337	ALVARADO RIVERA LESLIE PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4338	BALDERRAMA CHACON DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4339	FAUDO A BAEZA DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4340	CADENA RODRIGUEZ DAVID	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4341	CALDERA SAENZ DAVID	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4342	GALLEGOS SOTELO DAVID ABRAHAM	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4343	RIVERA BALDERRAMA DAVID ALBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4344	MORENO MARQUEZ DAVID ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4345	RASCON RODRIGUEZ DAVID ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4346	JUARICO MARTINEZ NOE ARTURO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4347	FLORES MENCHACA DAVID ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4348	VALLES DURAN DAVID ANDREY	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4349	SAENZ ALFARO DAVID EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4350	NUÑEZ HERNANDEZ DAVID EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4351	MOTA DURON DAVID EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4352	MEDINA ZAMBRANO DAVID ENRIQUE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4353	MALDONADO CORTE LESLIE PRISCILA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4354	RUBIO MALDONADO DAVID FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4355	JAUREGUI CARBALLO DAVID HUMBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4356	SANCHEZ GARCIA LESLYE YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4357	CASTILLO MUÑOZ DAVID HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4358	HERNANDEZ GALVAN ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4359	CORRAL TENA DAVID JOSUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4360	VEGA MENDEZ DAVID RAMIRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4361	OCHOA ONTIVEROS MELIDA MARIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4362	MARIÑELARENA DURAN DAVID ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4363	HUERTA TRUJILLO MIGUEL ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4364	LOPEZ BACA DAYANA IVETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4365	MONTES GUTIERREZ LESSLIE DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4366	MONTES HERNANDEZ DAYANA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4367	AGUIRRE ESPINOZA LETICIA ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4368	LOPEZ FONTES DAYANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4369	ROCHA GRANADOS DEBANHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4370	LEDEZMA OLIVAS LEZLY DANIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4371	CHAVEZ ARANDA DEISSY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4372	ESPINO LEYVA DEISY MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4373	ISLAS ARGUELLO DELIA JOVANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4374	DONATI SANTOYO DEMETRIO ZDEREK	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4375	LICONA FARIAS DEMIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4376	PORTILLO CHAVEZ DENISE ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4377	SIFUENTES CUEVAS DENISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4378	UGARTE MARTINEZ DENISSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4379	ALVAREZ CAMARENA DENISSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4380	MACIAS JIMENEZ DENISSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4381	GARCIA RASCON DENISSE ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4382	LOZANO GARCIA DENISSE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4383	LLANAS RODRIGUEZ MARLENE ADRIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4384	ALARCON ROMO DENISSE ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4385	MANZANARES PADILLA DENISSE ARLETTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4386	GONZALEZ SOLIS DENISSE ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4387	ONTIVEROS AGUIÑAGA DENISSE PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4388	TALAMANTES ROCHA DEVANY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4389	LEYVA SIERRA DEYANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4390	JIMENEZ GUTIERREZ LIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4391	VALENZUELA MEDINA DEYANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4392	MENDOZA MARTINEZ DEYANIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4393	MUÑOZ VARELA DEYANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4394	HERNANDEZ GARCIA DHAMAR ALESSANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4395	DELGADO MUÑOZ DIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4396	VEGA CENICEROS DIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4397	REYES CORRAL DIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4398	MAGALLANES ESQUIVEL DIANA AIMME	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4399	CASTILLO ERIVES DIANA ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4400	CORRAL MORALES DIANA CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4401	MUÑOZ MEZQUITA DIANA ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4402	GALINDO GARCIA DIANA GRISELDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4403	SIAS HOLGUIN LIDIA MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4404	BAILON SAENZ DIANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4405	GOMEZ CHAVIRA DIANA IDALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4406	RODRIGUEZ VEGA DIANA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4407	LUJAN ELIAS DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4408	VALDIVIA ARMENDARIZ DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4409	CABRERA AGUADO DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4410	MARTINEZ GODINEZ DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4411	NORIEGA VALENZUELA DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4412	CHAPARRO CHAVEZ DIANA LAURA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4413	GARCIA CASTELLANOS DIANA LILEETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4414	GARCIA ROSAS MARLENE ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4415	RUIZ RASCON DIANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4416	ROCHA RODRIGUEZ DIANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4417	RENTERIA LOPEZ LILIA VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4418	LEGARRETA CALDERON DIANA MELISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4419	CORRAL GUTIERREZ DIANA NOEMI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4420	OROZCO ESTRADA LILIANA ANGELICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4421	MURILLO GARCIA DIANA PAULA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4422	MERAZ CHACON DIANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4423	ALEGRIA VEGA LILIANA YARENY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4424	LOPEZ JURADO DIANA VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4425	ALBA FIERRO DIANA YAZMINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4426	VILLALOBOS GONZALEZ DIEGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4427	MENCHACA MARTINEZ MIGUEL ANGEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4428	HERRERA GAONA DIEGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4429	PEREZ CARRILLO DIEGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4430	SAENZ ALAMILLO MIGUEL STEVEN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4431	CHAVEZ SOLIS DIEGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4432	RAMOS SANCHEZ DIEGO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4433	BARRERA ACOSTA DIEGO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4434	CARRILLO PEREZ LILLIAN PAOLA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4435	PRIETO SEPULVEDA DIEGO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4436	SALAS MEZA DIEGO ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4437	VERDUGO MARIN DIEGO ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4438	HERNANDEZ MENDOZA DIEGO ANDRES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4439	MENDOZA BARRON DIEGO DE JESUS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4440	JARAMILLO RIOS DIEGO ISAAC	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4441	GOMEZ CHACON DIEGO JESUS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4442	GARCIA LOPEZ DONATA ESTEFANIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4443	SOTELO URBINA DONNETH FERNANDA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4444	MUELA RODRIGUEZ LINDA KARELY	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4445	ZORRILLA RESENDEZ EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4446	VELO GARCIA EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4447	VALERIO PALLARES EDGAR ALAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4448	MONGE CORDOVA EDGAR ALEXIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4449	LEON ACUÑA LISA DANIELA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4450	PEREZ ORTIZ EDGAR ALFONSO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4451	QUIÑONEZ GARAY LISSET VANESSA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4452	GODOY HERMOSILLO LITA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
4453	AGUIRRE TERRAZAS LIZ	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANAYENSI									
4454	OCHOA GONZALEZ EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALONSO									
4455	MARTINEZ ARAGON AARON	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ENRIQUE									
4456	GONZALEZ PARRA LESLIE	37 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GABRIELA									
4457	SALAS RUBI EDGAR ALONSO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4458	MORENO GUTIERREZ EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANDRES									
4459	HERNANDEZ MENDEZ LIZ	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
4460	PIÑON MARTINEZ EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ARTURO									
4461	VALERIO CALDERON EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	DANIEL									
4462	MACIAS MOLINAR EDGAR DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4463	ENRIQUEZ LOPEZ EDGAR HIRAM	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4464	VARGAS GONZALEZ EDGAR	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	JAVIER									
4465	GARFIO CARBAJAL EDGAR	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	OSVALDO									
4466	MILLAN MOLINA EDGAR ROGELIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4467	JIMENEZ FLORES EDIBETH	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4468	OCHOA GARCIA LIZBETH	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4469	OLIVAS CHAVEZ EDITH JULISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4470	GRAJEDA TREVIZO EDITH NEIRIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4471	GURROLA BARAY EDITH ROSARIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4472	FILIDOR SOLANO EDITH VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4473	DAVILA BAEZA EDNA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4474	PARRA GARCIA EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4475	MORENO GARCIA MARTHA ALICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4476	OROPEZA RODRIGUEZ EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4477	VALDEZ HERNANDEZ LIZBETH MARIEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4478	CARDONA TERRAZAS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4479	ENRIQUEZ OLIVAS LIZETH ANGELICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4480	AGUIRRE CHAVARRIA EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4481	NAJERA CONTRERAS LIZETH CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4482	LUGO VAZQUEZ EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4483	CARRANZA HERNANDEZ EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4484	VALDEZ HERNANDEZ LIZETH MICHEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4485	RUBALCAVA MEZA EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4486	ZUBIA MORALES EDUARDO ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4487	MARTINEZ DE LA CRUZ LIZETH PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4488	LOZOYA DELGADO EDUARDO ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4489	FLORES CORREA EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4490	CASTELLANOS PORTILLO EDUARDO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4491	VILLALOBOS GUTIERREZ MIRIAM NAYELI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4492	MAZA LOPEZ EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4493	JIMENEZ LOPEZ ABRIL ITZAMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4494	TREVIZO CAMARGO IVETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4495	VAZQUEZ QUEZADA ABRIL KASSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4496	VIZCARRA SALAS ADRIAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4497	GUTIERREZ FLORES OSMAR EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4498	OROZCO URQUIDI KATIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4499	VELADOR ORTIZ ADRIAN ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4500	GONZALEZ RAMIREZ KATIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4501	ESCAMILLA DELGADILLO KATIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4502	PEREZ PORTILLA NANCY ARELY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4503	MENDOZA SANCHEZ ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4504	SANDOVAL CAMACHO KATIA CELESTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4505	TEICHROEB LEGARDA KATIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4506	GALICIA GUTIERREZ KATIA VIANEY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4507	GONZALEZ MUÑOZ ADRIANA BERENICE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4508	ARREOLA MUÑOZ MAYELA JAQUELINE	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4509	VARGAS QUINTANA PAULINA	36 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4510	GARCIA TORRES MAYRA ITZEL	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4511	CONTRERAS SALINAS MAYRA JANETH	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4512	MALJA NEUFELD KATJA YAMEL	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4513	ALARCON MONARREZ OSBERTO ROMAN	28 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4514	LUNA ARMENTA NITZYA CRISTELL	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4515	VIRAMONTES ALIRE KATYA ALEJANDRA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4516	MELENDEZ SIGALA KATYA JARED	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4517	SUAREZ NUÑEZ OSCAR IVAN	28 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4518	MARTINEZ DOMINGUEZ MBAJNUX GUADALUPE	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4519	ARGUELLES VALDIVIEZO KATYA MICHELLE	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4520	QUINTANA VAZQUEZ ADRIANA CRISTINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4521	CARDENAS PIZARRO KAZLA AIDE	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4522	RABELO ESQUIVEL NADIA YADIRA	29 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4523	RAMIREZ MENDOZA KEILA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4524	BUSTILLOS GALDEANO KEIRA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4525	RAMOS GALAVIZ KEIRY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4526	TEMOLTZI MARTINEZ MARIA PATRICIA SOLEDAD	65	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4527	MARTINEZ HERRERA MARCELA FERNANDA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4528	NEVAREZ MARQUEZ NOE DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4529	VELAZQUEZ ORTEGA MELANIE ISABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4530	MELENDEZ ANCHONDO KELVIN ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4531	MARTINEZ CHAVEZ MARIA DE LA LUZ	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4532	URANGA AGUIRRE KENIA ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4533	CASTILLO RANGEL MELANNIE STACE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4534	ROMERO HERNANDEZ NOE LEOBARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4535	MATA PARRA ADRIANA ESMERAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4536	MORALES PARRA MELISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4537	POLANCO LOPEZ MELISA DAENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4538	PADRON HERNANDEZ KENIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4539	REAZA VILLALOBOS NOHEMI ELIZABETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4540	MENDEZ ARELLANES KENIA JULIETA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4541	ELIOSA GARDEA KENNIA YAHAIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4542	DE LA ROCHA PALMA MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4543	BARRIGA PEREZ KENYA ANELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4544	LOPEZ GARCIA KENYA REBECCA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4545	GONZALEZ SAENZ NOHEMY ADILENE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4546	MENDOZA VILLALOBOS MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4547	QUIÑONES GARCIA MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4548	ADAMS ROJAS MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4549	FLORES GALLEGOS KEVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4550	MARTINEZ VIZCAINO OSWALDO ALAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4551	MARTINEZ RODRIGUEZ MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4552	MICHEL SOLIS KEVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4553	ESTRADA CHAVEZ KEVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4554	PAYAN GONZALEZ KEVIN AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4555	MARTINEZ LERMA KEVIN AGUSTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4556	ROSALES PEREZ KEVIN ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4557	JUAREZ DERMA MELISSA IDALI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4558	CARRILLO RODRIGUEZ NORMA SUSANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4559	RAMIREZ AGUILAR KEVIN ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4560	GUEREQUE DORADO OSCAR GERARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4561	PIZAÑA RAMIREZ KEVIN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4562	RODRIGUEZ ESPINOZA MARIO	68	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4563	ACOSTA IRIGOYEN KEVIN EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4564	TORRES TERRAZAS OSCAR IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4565	FLORES HERRERA KEVIN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4566	TARANGO CORRAL KEVIN IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4567	VELO HINOJOS MICHEL ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4568	QUEZADA MOLINA KEVYN ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4569	CASTRO HERNANDEZ KIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4570	BRICEÑO ZUÑIGA KIMBERLY DENISSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4571	ORTEGA CHAVEZ KRISHNA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4572	RAZO CERROS NALLELY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4573	MUÑOZ ONOFRE OSCAR MANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4574	MENDOZA CARRERA KRISNA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4575	NUÑEZ CHAVIRA MICHELLE GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4576	TARIN PEREZ NALLELY ALICIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4577	LECHUGA PATIÑO LAISHA PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4578	ESPINOSA PAREDES LAISHA TRINIDAD	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4579	VALENZUELA MENDOZA MARGARITA OLIVIA	54	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4580	LOPEZ HERAS LAISHA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4581	REYES NAJERA LARISA JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4582	RODRIGUEZ ESPARZA MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4583	MONTES GUTIERREZ OBED JEHU	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4584	GONZALEZ GALAVIZ MIGUEL ANGEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4585	MELENDEZ AGUILERA MIGUEL ANGEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4586	GONZALEZ DELGADO LARISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4587	BORUNDA BENCOMO LARISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4588	TERRAZAS JURADO LARISSA ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4589	JUAREZ MAGALLANES NANCY KARINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4590	CASTRO REYES MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4591	DOMINGUEZ CARREON MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4592	RIOS RAMOS LARISSA ARIADNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4593	TARIN GARCIA LARISSA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4594	LOPEZ GUILLLEN LARISSA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4595	CLEMENTE GRIJALVA OCTAVIO ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4596	FLORES TREVIZO NAYELI PAULINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4597	VALDEZ RODRIGUEZ OLGA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4598	LOPEZ RIVERA LARISSA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4599	REYES GOMEZ MIGUEL KARIM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4600	GOMEZ VILLALOVOS MARIA DE LA LUZ	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4601	LOMAS HURTADO LAURA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4602	MORALES MANQUERO LAURA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4603	JACOBO REYES LAURA IMELDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4604	OROZCO SEGURA LAURA PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4605	MAYNEZ ALCALA LAURA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4606	ALDERETE VARELA LAURA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4607	PANDO REYES LAURA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4608	MONROY CASTELLANOS MILDRED	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4609	TRUJILLO DIAZ LEIDY GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4610	GALAVIZ RAMOS OLIVER	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4611	RASCON AGUILAR LENIN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4612	SANCHEZ PRIETO MARGARITA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4613	MANQUEROS GARCIA LEO EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4614	ARMENDARIZ PEREZ NALLELY EDITH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4615	PERALES PADILLA LEONARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
4616	MENDOZA GONZALEZ NORA VIANEY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4617	GUTIERREZ VIDANA LEONARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4618	HERNANDEZ MEDINA MARIA DE LOURDES	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4619	IBARRA SALDIVAR LEONARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4620	MEDINA VILLANUEVA MILDRED ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4621	PEREZ RIVAS ADRIANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4622	VILLA NERI LEONARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4623	CASTRO MORALES OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4624	ELIZONDO SANCHEZ LEONELA VIANEY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4625	FRANCO CORRALES LESLIE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4626	JIMENEZ MAURICIO MILTON ALAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4627	RODRIGUEZ CARACENA OMAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4628	TARANGO GALINDO LESLIE BRIDGET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4629	GARCIA BARCENAS OMAR ALFREDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4630	RODRIGUEZ GARCIA LESLIE PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4631	CHAVEZ PEREA LESLIE SARAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4632	MONTES ESQUIVEL LESLIE SUJEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4633	TIRADO ALFARO LESLIE TAMARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4634	FLORES MONROY NORMANDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4635	MARENTES MEDINA LESLIE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4636	ANCHONDO VEGA LESLIE VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4637	NEVAREZ OREA OMAR ANSELMO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4638	MARTINEZ DUARTE LESLIE VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4639	GUTIERREZ CORRAL MIRIAM ANGELICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4640	HERNANDEZ LEYVA MIRIAM ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4641	CARRILLO DELGADO LESLIE YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4642	PEREZ ALFEREZ LESLLY KARELLY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4643	SANDOVAL CHAVIRA ADRIANA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4644	CARRERA ROMERO MIROSLAVA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4645	GUTIERREZ TARANGO LESLY PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4646	GARCIA GARCIA ORLANDO GERONIMO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4647	MARTINEZ FIERRO LESLYE DAHENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4648	MEDINA SANTACRUZ MANUEL ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4649	OCHOA FLORES LESLYE PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4650	GALLEGOS SAENZ LETICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4651	GALLARDO VELAZQUEZ MARGARITA INES	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4652	GARCIA MARTINEZ MITZY YAEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4653	RODRIGUEZ OLAVE MONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4654	SERRATO PEÑALOZA MARIA DEL ROSARIO	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4655	BARRIOS HERNANDEZ LIDIA CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4656	LARA GUTIERREZ LIDIA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4657	RODRIGUEZ DOMINGUEZ LORENA LIZETH	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4658	ARELLANES FERNANDEZ OMERO FRANCISCO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4659	ROBLES VAZQUEZ LILIA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4660	REY GONZALEZ MONICA ELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4661	QUINTANA HERNANDEZ ADRIANA ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4662	PIÑON OCON LILIAN VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4663	LARREA SALINAS LILIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4664	SANCHEZ RIOS LILIANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4665	GALINDO LIMAS LILIANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4666	SOTO BORUNDA MONICA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4667	TORALES MARTINEZ LILIBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4668	RAMOS SEGOVIA MYRIAM	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4669	ACOSTA ESQUIVEL LILLIAN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4670	GURROLA LOPEZ MYRNA DENI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4671	GONZALEZ ACOSTA LINDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4672	RUIZ CHAVIRA NAHTALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4673	CRUCES GUTIERREZ NAIADE LEBASI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4674	TALAVERA AVITIA LINKA SAMHARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4675	SANCHEZ BUSANES OBED GERARDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4676	CHAVEZ MUÑOZ LISA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4677	AVILA GUTIERREZ LISSETE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4678	MELENDEZ RUIZ LITZY GALILEA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4679	TREVIZO CORDOVA OSBALDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4680	CERVANTES GILL OSIRIS ABIGAIL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4681	ESPINOZA SOTELO OSWALDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4682	JAQUEZ LUJAN LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4683	HERNANDEZ VELAZQUEZ LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4684	SANCHEZ SAENZ OSWALDO HIZAIR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4685	LOPEZ TORRES LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4686	BORBON DORADO OSCAR ADRIAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4687	RODRIGUEZ HERNANDEZ LIZBETH ADALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4688	MORENO AVALOS MARIA DEL CARMEN	56	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4689	CHAVIRA CARRASCO MIGUEL ANGEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4690	LUJAN GONZALEZ LIZBETH ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4691	TAFOYA CODINA OSCAR ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4692	OROZ ALVAREZ LIZBETH ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4693	CHAVIRA PEREZ LIZBETH ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4694	D OPORTO NIETO OSCAR ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4695	PADILLA MEZA LIZBETH CECILIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4696	TAPIA GONZALEZ OCTAVIO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4697	LOPEZ VARGAS LIZBETH FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4698	MENDOZA ROMERO NALLELY LIZETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4699	CHAVEZ RODRIGUEZ LIZBETH GISSEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4700	SALCIDO VILLALBA MARIA ELENA	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4701	REYES OLIVAS PABLO ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4702	ESCOBEDO MIRANDA LIZBETH PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4703	LOZOYA GALLARDO LIZBETH RUBI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4704	PALMA GARDEA LUCIA CONSEPCION	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4705	GOMEZ LUNA NALLELY REBECA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4706	MEZA RIVERA NANCY PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4707	TREJO VALENZUELA ADRIANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Suma
4708	MEJIA PEREZ OSWALDO ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4709	CARRERA BOLIVAR AGNES JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4710	NAVARRETE CARRILLO AHIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4711	GRANILLO ORDOÑEZ LIZBETH VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4712	CALLEJAS MARTINEZ AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4713	GARDEA JAVIER NANCY VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4714	VILLARREAL HERNANDEZ NAOMI ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4715	DE LOS SANTOS HERNANDEZ AILITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4716	CHAVIRA ARRAS LIZBETH YARIXA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4717	RAMOS OROZCO NAOMY GERALDINE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4718	GARCIA RUIZ LUIS ALEJANDRO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4719	CALDERON ACOSTA OCTAVIO JESUS	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4720	GALVAN TINOCO LIZBHET GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4721	MONTAÑEZ CHAPARRO LIZET SARAY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4722	PALLARES MORALES LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4723	ORTIZ FRESCAS LIZETH ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4724	QUINTANA HERNANDEZ LUIS CARLOS	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4725	PORTILLO DIAZ LIZETH MARGARITA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4726	RAMIREZ TORRES PEDRO ANTONIO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4727	PEREZ RETANA MARGARITO	44	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4728	SANDOVAL ARELLANES MONICA EMILIA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4729	OLIVARES NORIEGA NATAHEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4730	CHAVEZ DOMINGUEZ OSCAR JESUS	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4731	ALANIZ MOLINA ACXEL ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4732	CANO GARDEA LIZETH PATRICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4733	LOYA ALVIDREZ MARIA FERNANDA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4734	ANDRADE MARTINEZ JOHANA YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4735	RODRIGUEZ OROZCO LLUVIA KARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4736	PEREZ GOMEZ AILYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4737	AGUILAR MALDONADO ADRIAN FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4738	YAÑEZ LOZANO LORENA ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4739	RODRIGUEZ CHAVEZ ADRIAN JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4740	FONG MANRIQUEZ JAVIER EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4741	DE LA CRUZ LOPEZ JUAN PAULINO	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4742	VELAZQUEZ CAZARES MARIA ALEJANDRA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4743	GOMEZ SIGALA AIMEE GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4744	CASTAÑEDA MORENO LORENA ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4745	MIRANDA DIAZ AIMEE ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4746	VENCES HERNANDEZ AIRAM SAMMAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4747	RAMOS PEREZ AKETZALLI MARIBEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4748	CHAVEZ DEL VALLE ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4749	RUBALCAVA MEZA ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4750	ZAPIEN FLORES ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4751	CONTRERAS VALVERDE ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4752	DOMINGUEZ CERECERES ALAN ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4753	REYES PONCE ALAN ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4754	ORTIZ HERNANDEZ ALAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4755	ANCHONDO ZUBIATE ALAN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4756	MENDEZ MENDOZA PAMELA GISELLE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4757	DELGADO MARQUEZ PAULA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4758	PIÑON DIAZ ALAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4759	MORA SANCHEZ ALAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4760	AVITIA CARAVEO ALAN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4761	SAMANIEGO CARRASCO ALAN JOEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4762	ORTEGA RAMIREZ ALAN MAURICIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4763	GARCIA TREJO ALAN ORLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4764	OCHOA MARQUEZ ALAN RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4765	SALAS TORRES LUCERO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4766	VILLA LEYVA ALAN RODOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4767	HERNANDEZ DELGADO ALAN SAMAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4768	VARGAS BUSTAMANTE NATALIA ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4769	SOLORIO GIL NAYELI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4770	ALMERAZ ESNAYDER LUCERO MARGARITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4771	PADILLA TAMAYO ALAN SINHUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4772	GAYTAN MANJARREZ ALAN TADEO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4773	RAMIREZ LIRA LUCIA LIZARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4774	LAZCANO SOLIS MARIA ADRIANA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4775	JAQUEZ NEVAREZ ALAN VICENTE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4776	MARTINEZ LOPEZ ALAN YAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4777	LOAEZA VILLA ALBA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4778	GUERRA REGALADO ALBA MARIAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4779	DIAZ DANIEL ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4780	OCHOA GONZALEZ ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4781	RODRIGUEZ LOYA ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4782	SOSA BORUNDA ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4783	BUSTILLOS MUÑOZ ALBERTO ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4784	VARGAS ALARCON OSCAR RICARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4785	ARENIVAR LOPEZ PABLO IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4786	GARCIA LIMAS LUCIA YANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4787	GARZA VALDEZ ALBERTO ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4788	DOMINGUEZ MUÑOZ ALDAHIR MOISES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4789	PALMA LOERA NAYELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4790	MARO MARTINEZ ALDAR FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4791	FAVELA RODRIGUEZ NEIRA YANITSIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4792	GARCIA FLORES ALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4793	SANDOVAL RAMOS ALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4794	AYALA SILVA ALDO REYNOL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4795	LOPEZ VELARDE ALDRIN IRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4796	LOYA DIAZ ALEGRIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4797	OROZCO PORTILLO ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4798	MARQUEZ DE LA MORA HOLGUIN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4799	LOYA SOTO ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4800	LOZOYA NAVA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4801	RODRIGUEZ BAUTISTA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4802	DIMAS MARTINEZ ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4803	SANDOVAL GUANESPEN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4804	MARES CORRAL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4805	ALVAREZ GAMEZ ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4806	GOMEZ TORRES ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4807	CAMPOS MUÑOZ ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4808	MARIN LOYA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4809	MARTINEZ VILLARRUEL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4810	RODRIGUEZ ZUBIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4811	CORRAL MENDOZA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4812	GONZALEZ BUSTAMANTE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4813	CONTRERAS PORRAS ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4814	AGUAYO CASTRO ALEJANDRA ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4815	ARROYOS DURAN ALEJANDRA BRISEIDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4816	GONZALEZ RAMIREZ ALEJANDRA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4817	JIMENEZ BAUTISTA ALEJANDRA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4818	AVIÑA ALVARADO ALEJANDRA ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4819	SOLANO CASTRO ALEJANDRA SARAHÍ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4820	ZOTO SANCHEZ LUCIA YUSSBELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4821	MARTINEZ HOLGUIN LUCIE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4822	CABALLERO RODRIGUEZ ALEJANDRINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4823	SANTACRUZ MORALES LUDIVINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4824	ACOSTA FIERRO ALEJANDRINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4825	GARCIA GONZALEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4826	AGUIRRE BAEZA ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4827	RUIZ HERNANDEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4828	LOPEZ CARAVEO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4829	RODRIGUEZ POLANCO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4830	VELEZ HERNANDEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4831	MARTINEZ DELGADO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4832	NEVAREZ NUÑEZ ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4833	MENDEZ LUNA ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4834	GONZALEZ MAGALLANES ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4835	ROMERO HERNANDEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4836	MEDIANO SANCHEZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4837	ALVAREZ ALVIDREZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4838	GALVAN SUAREZ LUIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4839	GUERRA MANCINAS NELIDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4840	MORAN JACOBO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4841	JUAREZ RIVERA ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4842	BATISTA TARANGO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4843	MOYE GARDEA LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4844	REYNA GUERRERO LUIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4845	TORRES ALARCON ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4846	CANO GUTIERREZ ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4847	ONTIVEROS RUIZ LUIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4848	CORTINAS QUIÑONES ALEJANDRO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4849	BACA SIERRA ALEJANDRO ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4850	PIZAÑA SANCHEZ LUIS ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4851	QUEVEDO LASTRA ALEJANDRO JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4852	CASTILLO CERVANTES ALEJANDRO JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4853	HERNANDEZ SAENZ ALESSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4854	GONZALEZ LEYVA ALEX FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4855	FAVELA VEGA ALEXA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4856	RUIZ MARQUEZ ALEXA JHOANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4857	ARANDA SALAZAR LUIS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4858	CASTELLANOS ORTIZ ALEXA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4859	MENDOZA TREVIZO PAULINA LIZBETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4860	NEVAREZ VAZQUEZ ALEXA YOCELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4861	CHACON ALARCON LUIS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4862	LEAL SANDOVAL ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4863	LEGARRETA GAVALDON ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4864	VAZQUEZ TERRAZAS ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4865	CARREON TREVIZO ALEXANDRA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4866	MARQUEZ GUTIERREZ ALEXIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4867	PALMA ESPINO ALEXIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4868	VARGAS GALDEANO ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4869	ONTIVEROS ACEVES ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4870	ARAGON HERNANDEZ PALOMA NAYELI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4871	HERMOSILLO ARZATE ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4872	URRUTIA DE LA TORRE ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4873	RAMOS ARMIENTA ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4874	IBARRA MORA ALEXIS ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4875	REYES CORDERO MARIA ARACELY	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4876	HERRERA GARCIA ALEXIS ALDAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4877	ALARCON REYES LUIS ALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4878	SAÑUDO GAYTAN ALEXIS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4879	OROZCO LOZANO LUIS ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4880	BARBOSA AMPARAN ALEXIS JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4881	GALAVIZ GUTIERREZ ALEXIS REYDESEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4882	RAMOS RUBIO ALEXIS SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4883	GALDEANO CASTILLO ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4884	ROMERO GUTIERREZ ALFONSO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4885	PIÑON SAENZ ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4886	SOTELO SANCHEZ LUIS ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4887	GUIGON CANSECO LUIS ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4888	GARCIA NUÑEZ ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4889	SILVA PIÑON ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4890	HERNANDEZ SOLIS ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4891	RODELA . ALFREDO JR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4892	SANTACRUZ LARA LUIS ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4893	ALBA QUINTANA ALICIA ADELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4894	RODRIGUEZ TARIN NEREIDA STEPHANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4895	ESCOBAR QUINTANA OSMAR ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4896	GALLEGOS . OSSIEL FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
4897	HERNANDEZ SERRANO ALICIA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4898	CHAIRES ACOSTA OSWALDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4899	CHUMACERO GONZALEZ ALINA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4900	AGUILAR ZAMBRANO ALINE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4901	SIN SAENZ ALLISON	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4902	RAMIREZ NAJERA NESTOR MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4903	MALDONADO MELENDEZ ADRIAN URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4904	MARTINEZ MARTINEZ LUIS ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4905	TABLAS FIERRO ALMA CLARISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4906	BOJORQUEZ CHAVEZ ALMA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4907	RUIZ MARTINEZ LUIS ALONZO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4908	CAMPOS PIÑA PALOMA SARAHÍ	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4909	OCHOA NUÑEZ ALMA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4910	AGUILAR REYES ALMA OTILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4911	CARLOS PERCHES ALMA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4912	MUÑIZ GARCIA ALMA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4913	RODRIGUEZ MARTINEZ ALMA YARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4914	SANCHEZ TREVIÑO PAMELA JUDITH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4915	CABRIALES CHAVEZ ALMENDRA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4916	GONZALEZ BARRIGA ALNAHR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4917	GONZALEZ BARRIGA ALNAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4918	RIOS SALAZAR NICOLAS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4919	CARRERA CENICEROS ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4920	JAQUEZ MARTINEZ ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4921	VILLESAS ESTRADA ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4922	RAMOS AVALOS ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4923	SOTELO MINJAREZ ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4924	BORUNDA ORTIZ PAOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4925	IBUADO QUINTANA ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4926	GAYTAN LUJAN ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4927	RIOS GASTELUM ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4928	JUAREZ AGUIRRE ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4929	VAZQUEZ NUÑEZ ALONDRA ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4930	RODRIGUEZ MENDEZ ALONDRA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4931	PALACIOS DIAZ ALONDRA ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4932	NAVARRETE RODRIGUEZ ALONDRA ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4933	SERNA FERNANDEZ ALONDRA ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4934	MANCHA COLMENERO ALONDRA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4935	MEZA SIGALA ALONDRA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4936	TINAJERO HERNANDEZ ALONDRA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4937	DEL HIERRO CHAVIRA ALONDRA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4938	LOPEZ HERNANDEZ ALONDRA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4939	ORTEGA BALDERRAMA ALONDRA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4940	PORTILLO PALOMINO LUIS ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4941	CASTELO MELENDEZ ALONDRA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4942	BALDERRAMA CORRAL ALONDRA XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4943	BECERRA ORDAZ ALONDRA YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4944	RUIZ FIERRO LUIS ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4945	TALAMANTES ROCHA ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4946	GARCIA . ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4947	MURILLO DOMINGUEZ ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4948	MERINO OCHOA ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4949	MORALES FIERRO ALONSO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4950	ELIZALDE VALENZUELA LUIS ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4951	GOMEZ ROMERO ALVARO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4952	PLASCENCIA CHAVEZ ALVARO AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4953	URANGA ISLAS LUIS ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4954	MARQUEZ CASTRO ALVARO DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4955	MEDINA OLIVAS ALVARO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4956	CASTILLO LOPEZ ALVARO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4957	TARANGO PEREZ ALVARO RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4958	COLOMO RIOS AMABILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4959	MARTINEZ ENRIQUEZ AMADO JR.	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4960	ORTEGA ESPARZA AMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4961	CORONEL ARIAS AMERICA CAMILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4962	AVALOS PRIETO AMERICA ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4963	BELTRAN MELENDEZ LUIS ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4964	MUÑOZ MARIN AMERICA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4965	BANDA MENDOZA AMERICA JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4966	MARTINEZ HERNANDEZ AMERICA MADAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4967	JIMENEZ NATERA AMERICA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
4968	SALCIDO LOPEZ AMERICA PATRICIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4969	CARDONA BARAY AMERICA VALERIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4970	BUSTILLOS RODRIGUEZ ANA ARELY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4971	GARCIA GARCIA ANA BELEN	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4972	BERMUDEZ HOLGUIN ANA BERCELI	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4973	PEREZ PUGA ANA CECILIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4974	TORRES LEON ANA CELINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4975	MARRUFO MALDONADO ANA CLARISSA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4976	VALLES VALDIVIEZO ANA CLAUDIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4977	LARGUERO RODRIGUEZ FRANCISCO EDGAR	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4978	RODRIGUEZ CASTAÑEDA ANA CRISELY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4979	PAEZ REYES ANA CRISTINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4980	MORA ZUÑIGA ANA CRISTINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4981	RAMIREZ LEYVA ANA ELVA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4982	SANJURJO AGUILERA ANA EMILIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4983	MOLINA GARCIA ANA FERNANDA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4984	HERNANDEZ MENDOZA ANA FERNANDA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
4985	ARANDA ZAMARRON ANA GABRIELA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
4986	ARIAS TREVIÑO ANA GERMAIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4987	CHAPARRO OLIVAS ANA GISELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4988	RAMIREZ DUARTE ANA GRACIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4989	RAMIREZ CARBAJAL ANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4990	LEGARRETA PARRA ANA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4991	FERNANDEZ ANCHONDO LUIS ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4992	BALDERRAMA HERNANDEZ LUIS ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4993	GALLEGOS VALLES ANA JAQUELYNNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4994	SANCHEZ CRUZ LUIS ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4995	GUTIERREZ ANDAZOLA ANA JOCELYNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4996	MARIN PRIETO ANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4997	ROJO ESPINO ANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4998	RAMOS ALVAREZ ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
4999	ARAIZA REZA ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5000	ESPINO SONORA ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5001	RAMIREZ BAILON LUIS ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5002	BANDERAS BEJARANO ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5003	CADENA TRUJILLO ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5004	GODINA CALDERA ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5005	SOLIS CRUZ ANA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5006	TORRES AGUILERA ANA KARIME	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5007	AVILA MARTINEZ ANA KARLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5008	RIVAS ALVARADO ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5009	AGUILAR RODRIGUEZ ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5010	MOYA GARCIA ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5011	GALICIA LEGARRETA ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5012	PASMIÑO TRUJILLO ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5013	MORALES SEÑEZ ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5014	GARCIA MARTINEZ ANA LAURA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5015	OLIVAS CHAVEZ ANA LUISA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5016	LERMA DERMA ANA LUISA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5017	HERRERA TORRES ANA MARIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5018	AGUIRRE RUIZ ANA MARIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5019	CHACON GRANILLO PEDRO DE JESUS	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5020	GUTIERREZ BECERRIL ANA PALOMA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5021	HERNANDEZ ALVAREZ ANA PAOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5022	VAZQUEZ VARGAS ANA PAOLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5023	VALDEZ CORDERO ANA PAOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5024	RAMIREZ FRANCO ANA PAOLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5025	GUTIERREZ GABALDON ANA PAOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5026	PORRAS LEGARRETA ANA PAULA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5027	REYES RODRIGUEZ LUIS ARTURO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5028	CAMPOS MEZA LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5029	MARQUEZ ORTEGA ANA PAULA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5030	HERNANDEZ IBARRA ANA PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5031	GONZALEZ MUÑOZ ANA PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5032	RAMIREZ DIAZ ANA RUTH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5033	CHAVEZ LICON ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5034	DELGADO CARAVEO ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5035	AGUILAR COLUNGA ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5036	RAMIREZ GARCIA ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5037	OROZCO LOPEZ ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5038	FERNANDEZ BALDERRAMA ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5039	CONTRERAS ARREOLA MARIA MAGDALENA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5040	CASTAÑEDA HERNANDEZ ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5041	LEGARRETA DELGADO ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5042	AGUIRRE CHAVEZ LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5043	AGUILAR TREVIZO ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5044	OSOLLO MORALES ANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5045	GURROLA . PALOMA PAMELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5046	MEDINA RODRIGUEZ LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5047	BARRAZA NICOLAS ANA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5048	ARVIZO SALAZAR ANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5049	HERRERA GARCIA ANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5050	MARTINEZ BARRON LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5051	TERRAZAS CASTILLO ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5052	ARROYO PONCE ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5053	BARRIGA VALDEZ ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5054	ROMERO RAMIREZ ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5055	ANDRADE ACOSTA ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5056	MALAGON SAUCEDO ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5057	CASANOVA SERRANO ANA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5058	JUAREZ VILLAR ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5059	LOZANO DURAN ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5060	CASTILLO BUSTILLOS ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5061	VELAZQUEZ VAZQUEZ ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5062	LOPEZ GUERRERO ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5063	OLIVA JIMENEZ ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5064	PORRAS MEZA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5065	CANO ESCUDERO ANARI YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5066	GONZALEZ MARIN ANDONI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5067	ELIZALDE BAILON LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5068	LOZANO BALAN ANDRE GIOVANNI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5069	RAMOS LOZANO ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5070	PULS PERALTA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5071	NEVAREZ RODRIGUEZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia								
		Día Mes Año								
5072	ESCOBEDO LUNA ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5073	ONTIVEROS HOLGUIN ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5074	PEÑA REY ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5075	DELGADO MARIN LUIS CARLOS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5076	MELLENDEZ CHAVEZ ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5077	LOYA RANGEL ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5078	ARAGON GOMEZ ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5079	MORIEL ESPARZA ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5080	LOYA SALAZAR ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5081	CARRASCO SALAZAR ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5082	PORTILLO DELGADO ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5083	GUTIERREZ RODRIGUEZ ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5084	REYES GONZALEZ ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5085	MARTINEZ REYES ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5086	HERNANDEZ ARZOLA ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5087	GUERRA HOLGUIN NANCY	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5088	ULATE BARRERA LUIS CARLOS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5089	PEÑALOZA VILLA ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5090	ROBLEDO LEVARIO ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5091	CANO BURCIAGA LUIS CARLOS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5092	CALLEROS QUEZADA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5093	FLORES VALENCIA LUIS CARLOS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5094	TRESS LOPEZ NOE ILDEFONSO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5095	ARMENDARIZ DELGADO ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5096	GONZALEZ ACEBO ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5097	DE LA PEÑA AVILA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5098	ARVIZU CHAVEZ LUIS CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5099	FERNANDEZ NAVARRETE LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5100	ARZATE CAMPOS ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5101	TARANGO HERNANDEZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5102	CORDOBA VILLALOBOS ANDREA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5103	MAYNEZ MENDOZA ANDREA BEATRIZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5104	ARAGON LOPEZ ANDREA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5105	MONTAÑO MUÑOZ ANDREA BETSABE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5106	RONQUILLO CHAVEZ ANDREA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5107	HERRERA MORALES ANDREA DANELLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5108	RAMOS LARA ANDREA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5109	HERNANDEZ TARIN ANDREA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5110	BAEZA VEGA ANDREA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5111	QUEZADA MEJIA ANDREA GRISEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5112	SANDOVAL QUIROZ ANDREA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5113	AGUILAR QUIÑONEZ ANDREA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5114	FERNANDEZ SERRANO ANDREA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5115	PINTO ROCHA ANDREA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5116	GALVAN RODRIGUEZ ANDREA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5117	NEVAREZ NUÑEZ ANDREA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5118	SEGOVIA JAQUEZ ANDREA JOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5119	GUERRERO MIRAMONTES ANDREA KARMINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5120	MACIAS ESTRADA ANDREA LINETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5121	ESCAMILLA VIEZCAS ANDREA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5122	SANTILLAN COVARRUBIAS ANDREA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5123	GARZA GOMEZ ANDREA MICHEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5124	JARAMILLO LOPEZ ANDREA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5125	PADILLA CASTILLO ANDREA MONTSERRAT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5126	GOMEZ CARRASCO LUIS CESAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5127	CHAVARRIA MUÑOZ LUIS DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5128	GONZALEZ PORTILLO ANDREA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5129	LOPEZ GRANADOS ANDREA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5130	VEGA MIRANDA ANDREA PRISCILA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5131	COBOS MARQUEZ ANDREA SAMANTHA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5132	GRANADOS MORENO ANDREA SAZILHA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5133	VERDUGO MENDOZA ANDREA SELENE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5134	RAMOS ARMENTA ANDREA SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5135	ROMERO GOMEZ LUIS DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5136	RUVALCABA LERMA ANDREA VERONICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5137	LIRA MONTES ANDREA Yaelin	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5138	DIAZ PORTILLO ANDREA YESENIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5139	ESCOBEDO CEDANO ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5140	JIMENEZ TORRES ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5141	ARRIETA SOLIS LUIS DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5142	FLORES VILLALOBOS ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5143	CORIA GARDEA ANDRES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5144	GONZALEZ LOPEZ ANDRES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5145	LUCERO DIAZ LUIS DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5146	CHAVEZ VELAZQUEZ ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5147	DE LA PEÑA AVILA ANDRES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5148	FLORES HERNANDEZ LUIS DAVID	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5149	MELLENDEZ ARAIZA ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5150	ESCOBAR BACA ANDRES ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5151	CUERVO MARTINEZ ANDRES DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5152	ALLEN CARDENAS ANDRES DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5153	ORVIZ GALVAN ANDRES EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5154	DOMINGUEZ CARDIEL ANDRES ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5155	TERRAZAS TRILLO LUIS DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5156	GUILLEN PASILLAS ANDRES IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5157	FONTES ESCAMILLA NOE RAYMUNDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5158	FLORES MARTINEZ ANDRES JAIME	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5159	SARMIENTO ENRIQUEZ ANDRES JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5160	TORRES ACEVES ANDRES RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5161	GUZMAN NUÑEZ ANDRES ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5162	LEVARIO MENDOZA ANDY HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5163	QUINTANA GUTIERREZ OSCAR LEHY	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5164	CASAS MORENO ANEL GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5165	GONZALEZ QUEZADA ANELIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5166	ORTEGA MUÑIZ ANETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5167	MARIONI MARQUEZ ANETTE ARANZA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5168	GANDARILLA CHAVEZ ANETTE PILAR	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5169	ZAPIEN FIERRO ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5170	RODRIGUEZ GARCIA ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5171	GARCES AMEZCUA ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5172	PALACIOS SAENZ ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5173	SALAI VALLE LUIS DONALDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5174	MORENO RAMIREZ ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5175	MARTINEZ SAUCEDO ANGEL ADRIAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5176	PEREA RODRIGUEZ LUIS EDEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5177	GUTIERREZ MARTINEZ ANGEL ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5178	VARGAS MARTINEZ ANGEL AURELIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5179	GARCIA ALVAREZ ANGEL DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5180	REVELES CASTILLO MARIA DEL SOCORRO	57 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5181	CARVALLO SALAZAR ANGEL DARIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5182	MARTINEZ MACIAS ANGEL DAVID	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5183	GONZALEZ GRANADOS LUIS EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5184	QUINTANA BARRAZA ANGEL DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5185	PARRA VIEZCAS ANGEL DAVID	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5186	RAMIREZ CHAVEZ ANGEL DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5187	RENTERIA OLIVAS ANGEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5188	MACIAS SAENZ ANGEL EIDU	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5189	LOYA HOLGUIN ANGEL GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5190	TENORIO HERNANDEZ LUIS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5191	CORDOVA DOMINGUEZ ANGEL GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5192	VILLALOBOS ALMEIDA ANGEL HORACIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5193	AGUILAR PULIDO ANGEL IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5194	AVILA ALVAREZ ANGEL JOVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5195	BACA OCHOA LUIS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5196	BACA MOLINA ANGEL URIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5197	VILLA SIERRA ANGELA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5198	MARTINEZ BAZAN ANGELA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5199	MEDINA RODRIGUEZ ANGELA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5200	VELASCO AVILA ANGELA SOPHIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5201	CHAVEZ VEGA ANGELA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5202	FIERRO SANDOVAL ANGELA YESENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5203	IBARRA RUIZ ANGELES NOELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5204	GARCIA MELENDEZ ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5205	ORTIZ BURCIAGA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5206	RIVERO BURROLA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5207	COLORADO CHACON ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5208	SIMENTAL MALDONADO ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5209	TARANGO RAMIREZ ANGELICA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5210	DOMINGUEZ GOMEZ ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5211	ALDAZ MARTINEZ ANGELICA PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5212	RIVERA ARAGON ANGELICA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5213	CARO OSOLLO ANGIE DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5214	DIAZ DITTRICH ANGIE PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5215	LERMA MORIEL ANIELKA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5216	BUSTILLOS LOPEZ ANNA NICOLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5217	PEREZ VERDUZCO ANNETE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5218	RUIZ LOPEZ ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5219	AGUIRRE PEREZ ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5220	CORTES DURAN ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5221	DIAZ GOMEZ ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5222	TORRES REYES LUIS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5223	HERNANDEZ URBINA ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5224	GAN RODRIGUEZ LUIS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5225	CHAVEZ ZERMEÑO LUIS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5226	SOTO HERNANDEZ ANTONIO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5227	TREJO SANCHEZ ANTONIO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5228	RODRIGUEZ MUELA ANTONIO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5229	GARCIA LOYA ANUAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5230	AUDE HERREJON ANUAR HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5231	MARTINEZ LOPEZ ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5232	VAZQUEZ BARRERA ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5233	COBOS CHAVEZ ARALI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5234	AGUIRRE GONZALEZ ARAM EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5235	PEREZ ALBA ARANTXA MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5236	ALVARADO CHAVEZ ARANTXA YADIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5237	RIVERA RODRIGUEZ ARANZA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5238	MORALES MARTINEZ ARANZA XCARET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5239	BENAVIDES CHAVEZ LUIS EMILIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5240	ALBA LOPEZ ARATH ESAU	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5241	HACKLEEN ACOSTA ARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5242	GARDEA GUTIERREZ ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5243	ESCALANTE RODRIGUEZ ARELI ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5244	SALAS CARRILLO ARELI SHIRLEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5245	CISNEROS ARENIVAR ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5246	CENICEROS LOERA ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5247	CORONEL TORRES ARELY ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5248	ZARATE SERNA ARELY DAYANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5249	ZAPATA TORRES ARELY ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5250	NAVARRO GRAJEDA ARELY FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5251	GARCIA QUEZADA ARELY JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5252	SALAZAR NUÑEZ ARELY JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5253	ORTIZ RODRIGUEZ ARELY ZOOHE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5254	NAVARRO MEDRANO ARIADNA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5255	LERMA MENDIAS ARIADNA STEPHANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5256	HUITRON ARGUIJO LUIS ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5257	MATA BOLAÑOS ARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5258	HOLGUIN CASTILLO ARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5259	BETANCOURT NUÑEZ ARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5260	JUAREZ DERMA ARIANA GISEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5261	GRIJALVA LOYA ARIANA YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5262	DUARTE RODRIGUEZ ARIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5263	MURILLO OROZCO MARIA GUADALUPE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5264	ARVIZO VAZQUEZ LUIS ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5265	ESPINO GARCIA ARIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5266	DOMINGUEZ ONTIVEROS ARIEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5267	HERNANDEZ GUERRA ARIEL IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5268	GONZALEZ HOLGUIN LUIS ESAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5269	BERNAL DE LA ROSA ARIEL KASSANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5270	MADERO RODRIGUEZ ARLENN SUGEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5271	QUIÑONEZ PEREZ ARLET ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5272	ERIVES ANCHONDO NANCY RUBI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5273	MUÑOZ HERRERA ARLETH AIDEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5274	ALVARADO CRUZ LUIS FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5275	PARRA GUEVARA ARLETH ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5276	MEDINA SALAS ARLETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5277	ANCHONDO ANCHONDO ARLETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5278	CASILLAS GONZALEZ ARLETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5279	GANDARILLA DOMINGUEZ ARLETTE FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5280	AVITIA ORTEGA LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5281	MONTOYA GUZMAN ARLETTE JOSHUA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5282	GRANADOS CERVANTES ARLETTE STEPHANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5283	CHAVIRA RIVERA ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5284	URBINA AVILA ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5285	BOCANEGRA VAZQUEZ ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5286	SAENZ LOPEZ ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5287	GARCIA GARCIA ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5288	GARZA VALLES ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5289	MARTINEZ RODRIGUEZ ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5290	CAMUÑEZ CASTILLO ARMANDO RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5291	RAMOS MELENDEZ ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5292	ARZOLA VALADEZ ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5293	FUENTES BONILLA ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5294	CABALLERO FONG ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5295	LOO TREVIZO ARTURO ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5296	HERRERA GUERRA ARTURO OMIT	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5297	LOYA CASAS ASHLEY ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5298	VILLAR GONZALEZ ASHLEY JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5299	ESTRADA . ASHLEY SARAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5300	FRANCO CHAVEZ LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5301	OLAGUE . ASHLEY YESSENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5302	HERNANDEZ MARTINEZ ASTRID GISELDD	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5303	LOPEZ PIÑON AUGUSTO ESTEBAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5304	GALAZ EVANGELISTA LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5305	FAVELA CANALES LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5306	HINOJOS AYALA AURELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5307	CHAVEZ MELERO AURORA DE LOS ANGELES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5308	LUJAN GARCIA PAMELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5309	DELGADO ROBLES AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5310	REYES GUILLEN AXEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5311	GARCIA MADRID LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5312	LUNA PARRA AXEL ARATH	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5313	ALVAREZ GALLEGOS AXEL DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5314	ALVARADO ARVIZU AXEL GUILLERMO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5315	BORJAS CALVO LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5316	RAMOS ALVAREZ AXEL ORLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5317	ETCHECHURY RONQUILLO AXLEY KARIM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5318	HERNANDEZ HERNANDEZ AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5319	ARIAS PARTIDA LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5320	TORRES VILLAGRAN AYLIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5321	ESPINOZA ROCHA AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5322	JARA HEREDIA AYLIN DARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5323	NUÑEZ TOVAR AYLIN GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5324	MELENDEZ GUTIERREZ LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5325	RIVAS GONZALEZ AYLIN ILEANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5326	REYES RAMIREZ AYRTON ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5327	VILLA REYES AZALEA MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5328	PIZARRO FABELA AZUCENA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5329	GARCIA ROMERO LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5330	HERNANDEZ MEJIA AZUCENA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5331	CHACON HERNANDEZ AZUL VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5332	REYES DIAZ BALAAM RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5333	LUGO TERRAZAS BARBARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5334	BORDON GALLEGOS BARBARA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5335	SOTO MORALES BARBARA NAOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5336	SOLIS SALDIVAR BECKET	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5337	GARCIA ORTEGA BELEN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5338	CARRERA ORNELAS BENITO TOMAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5339	VALENZUELA PEREZ BERENICE BRILLITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5340	MENDEZ TREVIZO BERNARDO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5341	TERRAZAS VEGA BEYSA VIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5342	MACIAS MENDOZA BIANCA JOSELINEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5343	RUIZ HERNANDEZ BIANCA LEIDY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5344	MOJICA RAMOS BIANCA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5345	FAJARDO GALVAN BIBIANA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5346	MARQUEZ RODRIGUEZ BIBIANA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5347	CONTRERAS RAMIREZ BIVIAN LORENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5348	ROMERO BENCOMO BLANCA KARYME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5349	RODRIGUEZ ROMERO OLGA LIZETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5350	CUAUTLE HERNANDEZ BLANCA PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5351	CARRASCO REYES BLANCA VIVIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5352	ALARCON ALVIDREZ BLAS ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5353	ESTRADA TERRAZAS BORIS PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5354	LEAL HERNANDEZ BRANDON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5355	ARAGON ESCANDON BRANDON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5356	CHACON TRUJILLO BRANDON EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5357	CABRERA CABRERA BRANDON SAID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5358	ENRIQUEZ HUIE BRANDON URIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5359	FERREIRO SALVATIERRA BRAULIO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5360	MARTINEZ SANCHEZ BRAYAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5361	BARRAZA MACIAS BRAYAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5362	NAVA VENZOR BRAYAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5363	HOLGUIN ENRIQUEZ BRAYAN ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5364	PEREZ DIAZ BRAYAN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5365	DE LA O SALINAS LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5366	PIÑON RUIZ BRAYAN EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5367	JAQUEZ MORALES BRAYAN FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5368	LOYA SANDOVAL BRAYAN GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5369	MARQUEZ TREJO BRAYAN IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5370	MONTOYA VEGA BRAYAN JASSIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5371	ANDRADE CARDENAS BRAYAN SAMUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5372	ALCALA DE LA O BRAYTHON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5373	IRIGOYEN ESTRADA BRENDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5374	DE LA FUENTE ARAGON BRENDA ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5375	GONZALEZ MONTOYA BRENDA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5376	TIRADO ZARATE BRENDA ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5377	ARMENDARIZ MORALES BRENDA ARGENTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5378	VALENCIA PORTILLO BRENDA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5379	TOVAR PARRA BRENDA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5380	RUIZ CARAVEO BRENDA GESOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5381	HERNANDEZ BARRENO BRENDA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5382	CASTILLO GALLEGOS LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5383	ANCHONDO MIGUEL BRENDA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5384	ORTIZ FERNANDEZ BRENDA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5385	PEÑA MONTES BRENDA JAZHEEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5386	RONQUILLO ORNELAS BRENDA JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5387	ARMENDARIZ RIVAS BRENDA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5388	GALARZA MORENO BRENDA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5389	MARTINEZ CASTILLO NORMA ARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5390	MENDOZA TORRES LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5391	RAMIREZ MEDINA BRENDA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5392	RODRIGUEZ CARREON MARIA LUCERO	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5393	BERMUDEZ BENCOMO BRENDA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5394	FERNANDEZ ESTRADA BRENDA LUCIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5395	CAMPOS BRITO BRENDA MARITZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5396	CORIA DELGADO BRENDA SARAHÍ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5397	MUÑOZ MARTINEZ BRENDA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5398	NUÑEZ CASTILLO BRIAN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5399	RODRIGUEZ DE LA FUENTE BRIAN ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5400	MORA SANDOVAL BRIAN ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5401	ALARCON MAYNEZ NORMANDO ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5402	DIAZ ESPARZA BRIANA MICHELL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5403	VARELA MUÑOZ BRIANDA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5404	MORENO FONTES BRIANY MONSERRAT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5405	HERRERA CRUZ BRICEIDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5406	CHAVEZ MELENDEZ BRISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5407	ARENIVAR MENDOZA BRISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5408	LOZANO MEDINA BRISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5409	SEGOVIA VEGA BRISEYDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5410	OROZCO RASCON LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año										
5411				DIAZ RIVERA LUIS FILIBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5412				JIMENEZ FLORES BRISEYDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5413				GARCIA HERRERA BRISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5414				GOMEZ SALGADO BRISSA AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5415				NAJERA GONZALEZ BRISSA AZUCENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5416				RUIZ ROSALES BRISSA CATALINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5417				RAMIREZ LUGO BRISSA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5418				PEREZ CHAVEZ BRISSA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5419				CHAVEZ BARRAZA BRISSA MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5420				PAYAN OLIVAS BRISSA NALLELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5421				VALENZUELA IBARRA BRISSIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5422				MUÑOZ GOMEZ BRITANNY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5423				ALLENDE RAMIREZ LUIS GABRIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5424				MORAN FLORES BRITANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5425				MORA FRANCO NURIA LIZBETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5426				GOMEZ PEREZ BRITHANY JOHANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5427				VEGA GARCIA LUIS GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5428				VAZQUEZ RODRIGUEZ BRUNO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5429				ZAMORA VILLAFUERTE BRUNO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5430				DE SANTIAGO ENRIQUEZ BRUNO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5431				MERINO ROYO BRUNO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5432	JIMENEZ GARCIA BRYAN ADRIAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5433	MERCADO SAENZ BRYAN ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5434	VARGAS RIVERA BRYAN ALEXANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5435	MORENO BORDIER LUIS GERARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5436	RAMIREZ RAMIREZ NUVIA PALOMA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5437	GUTIERREZ CARRILLO LUIS GUILLERMO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5438	MIRAMONTES CASTILLO BRYAN ALONSO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5439	RODRIGUEZ VAZQUEZ BRYAN ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5440	HOLGUIN MARTINEZ BRYAN ARTURO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5441	RUIZ NAVA BRYAN DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5442	MEZA RODRIGUEZ LUIS JONATHAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5443	MARIÑELARENA LINARES LUIS JOSUE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5444	MENDOZA RIVERA BRYAN ENRIQUE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5445	QUINTANA CARRASCO LUIS ORLANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5446	VILLALOBOS ZAMORA LUIS PABLO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5447	MACIAS GONZALEZ BRYAN ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5448	DOMINGUEZ GUTIERREZ BRYAN OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5449	LOPEZ SAENZ LUIS PABLO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5450	LOPEZ CORRALES BRYAN OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5451	MIRANDA PRIETO BRYAN THOMAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5452	GALLEGOS CHAVEZ BRYANT	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5453	FLORES OCHOA CAIN ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5454	PAREDES DIAZ CARLA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5455	TORRES TORRES PAMELA OLIVIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5456	DE LUNA MARTINEZ CARLA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5457	CORDERO CISNEROS CARLA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5458	GOMEZ ARAMBULA LUIS PEDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5459	ARCINIEGA ESPINO CARLA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5460	HINOJOS GUTIERREZ CARLA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5461	MARTINEZ JIMENEZ CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5462	MARTINEZ GARCIA LUIS RAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5463	BURGOS SILVEIRA CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5464	VILLEGAS ESTRADA CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5465	ARMENDARIZ GARDEA CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5466	MENDEZ MONTOYA LUIS RODOLFO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5467	CEDILLO RANGEL CARLOS AARON	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5468	MORA . CARLOS ADRIAN	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5469	DIAZ GALLEGOS CARLOS ALAN	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5470	GARCIA NIETO CARLOS ALAN	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5471	RIVAS CASTRO CARLOS ALBERTO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5472	REY QUIÑONEZ CARLOS ALBERTO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5473	VAZQUEZ ESPARZA CARLOS ALBERTO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5474	DERAS DELGADO CARLOS ALEJANDRO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5475	LOERA DELGADO CARLOS ALEJANDRO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5476	RIVERA MONTOYA CARLOS ALEXANDER	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5477	MONTOYA DOMINGUEZ CARLOS ALEXIS	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5478	OGAZ ONTIVEROS CARLOS ALEXIS	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5479	GRADO DURAN CARLOS ALFREDO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5480	GUTIERREZ MONTES CARLOS ALFREDO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5481	RODRIGUEZ GIRON CARLOS ANDRES	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5482	FIERRO GONZALEZ CARLOS ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5483	BAYLON GUTIERREZ CARLOS ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5484	PORRAS PORTILLO CARLOS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5485	TORRES PERALES CARLOS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5486	GONZALEZ MARRUFO CARLOS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5487	ROMERO CHAVEZ CARLOS ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5488	SOLIS MENA CARLOS ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5489	BAEZA SOLIS CARLOS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5490	DIAZ TORRES CARLOS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5491	QUINTANA CONTRERAS CARLOS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5492	BALTIERRA ROMERO CARLOS ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5493	MENDEZ GUZMAN CARLOS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5494	JARAMILLO LOPEZ CARLOS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5495	OROZCO VILLANUEVA CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5496	SOLORIO ESTRADA CARLOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5497	CRUZ AMARO CARLOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5498	BARREDO MOLINA LUISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5499	RODRIGUEZ ENRIQUEZ CARLOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5500	CRUZ MEDINA CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5501	CHAVEZ MORENO OBIEDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5502	MONTOYA MOLINA CARLOS ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5503	CHUMACERO FLORES CARLOS ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5504	GOMEZ TERRAZAS CARLOS ESAU	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5505	ORTIZ TERAN CARLOS FABIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5506	BALDERRAMA LOPEZ CARLOS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5507	IBARRA ALVIDREZ CARLOS GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5508	RODRIGUEZ BARRAZA CARLOS GIBRAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5509	MUÑOZ GUEVARA LUISA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5510	CHAVEZ DUEÑAS CARLOS ISAAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5511	OROZCO OLIVAS CARLOS IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5512	LOPEZ RAMIREZ OCTAVIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5513	OLIVAS RIVAS CARLOS JACOB	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5514	GONZALEZ RAMIREZ CARLOS JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5515	AGUIRRE PUGA CARLOS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5516	MARTINEZ GARCIA CARLOS MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5517	CORONA CASTAÑÓN LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5518	CEBALLOS BUSTILLOS ODALIS	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5519	ROMERO JIMENEZ CARLOS MAXIMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5520	GOMEZ AVILA CARLOS MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5521	ALVARADO LOPEZ CARLOS NATANAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5522	TRUJILLO VENZOR LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5523	ARMENDARIZ RODRIGUEZ CARLOS OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5524	OVALLE GONZALEZ CARLOS OSVALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5525	MATA MIRAMONTES CARLOS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5526	MORALES MADRID CARLOS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5527	SERRANO SOLIS LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5528	PORTILLO ALFARO LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5529	PEREZ LECHUGA CARLOS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5530	ZUBIA RIOS CARLOS RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5531	REZA JURADO CARLOS RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5532	BUSTILLOS BUSTILLOS ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5533	GARCIA MARTINEZ CARLOS TOMAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5534	CORRAL ARMENDARIZ CARMEN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5535	NUÑEZ REYNA LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5536	MELLENDEZ TERRAZAS CARMEN ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5537	ZAMARRIPA OTERO LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5538	BAEZA LUNA CARMEN ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5539	SANCHEZ LOPEZ CARMEN DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5540	HOLGUIN CANO CARMEN GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5541	SALAS RIOS CARMEN IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5542	RIVERA DOMINGUEZ CARMEN JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5543	MUÑOZ BARBECHAN ADRIANA ADILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5544	URANGA RIVERA CARMEN MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5545	RODRIGUEZ SANTOS LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5546	AGUILERA HERNANDEZ CAROL ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5547	CLEMENTE PIÑERA CAROL NICOLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5548	MAJALCA MADRID PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5549	OLIVAS CAMPOS CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5550	IBARRA LEGARDA KARINA CRISALYN	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5551	VILLEGAS MURO CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5552	DIAZ VALENZUELA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5553	FRANCO MORALES LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5554	ESTRADA HERNANDEZ CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5555	VALDEZ VELAZQUEZ CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5556	OLIVAS MEDINA ADRIANA AIMEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5557	MONTERO MUELA MARIA FERNANDA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5558	MATAMOROS ROJAS CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5559	CORTES CARRASCO CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5560	GALLEGOS CASTAÑEDA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5561	ZAMARRON RUBIO CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5562	VERDUGO NUÑEZ CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5563	SOTELO MENDIVIL MARIA GUADALUPE	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5564	ARAMBULA JURADO LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5565	PALMA RODRIGUEZ LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5566	GOMEZ IGLESIAS CAROLINA EDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5567	VARELA MEDINA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5568	GARCIA ORNELAS CAROLINA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5569	RODRIGUEZ ARAGONEZ CASSANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5570	PAYAN MENDOZA CASSANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5571	RODRIGUEZ NUÑEZ NAYELI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5572	ARROYO PADILLA OLGA PATRICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5573	JAQUEZ TREVIZO CASSANDRA MEYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5574	LUJAN ROSSELL CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5575	REYES GARCIA LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5576	CASTILLO HERNANDEZ CECY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5577	BUSTAMANTE VALDEZ CEDRICK LEONEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5578	MANCINAS LAREA CELESTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5579	MUNGUIA JURADO LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5580	CONTRERAS PORRAS LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5581	GARCIA ZARAGOZA CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5582	DERMA MARTINEZ CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5583	FRANCO ESTRADA CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5584	CARTA PRIETO CESAR ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5585	GOMEZ LEIJA CESAR ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5586	ACOSTA MATA CESAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5587	MIGUEL LEYVA CESAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5588	DOMINGUEZ MELENDEZ CESAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5589	PARRA QUINTANA CESAR ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5590	CABALLERO PEÑA CESAR ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5591	MARTINEZ TOVALI CESAR ALI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5592	ESCOBEDO GONZALEZ CESAR ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5593	CAMACHO RAMOS CESAR AUGUSTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5594	VENEGAS BARRERA CESAR EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5595	CORTEZ RODRIGUEZ CESAR EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5596	RAMIREZ GARCIA CESAR EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5597	MOURE MEZA LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5598	RASCON PIÑA CESAR FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5599	PEREZ LOPEZ CESAR HOREB	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5600	HERNANDEZ GUTIERREZ CESAR ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5601	VELAZQUEZ JAVIER CESAR MICHEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5602	AYALA CANO CESAR OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5603	GARCIA PALMA CESAR PAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5604	PEREZ YAÑEZ CESAR PORFIRIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5605	DIAZ PULIDO LUISA ILEANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5606	VILLALOBOS ZARAGOZA LUISA NATALIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5607	DECANINI OLIVAS CHANTELE LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5608	CHAVEZ HERRERA LUISA ORIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5609	LOPEZ MORALES LUISA PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5610	BECERRA RODRIGUEZ CHARBEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5611	ACOSTA FLORES LUISA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5612	RAMIREZ MENDEZ CHRISTIAN ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5613	CASAS ANCHONDO LUISA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5614	RODRIGUEZ RIOS CHRISTIAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5615	SOLORIO CALVILLO CHRISTIAN MICOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5616	ORTIZ CEPEDA CHRISTOPER ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5617	MINA GONZALEZ CHRISTY IBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5618	LOYA AVILA CID LEONARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5619	CHAVIRA MARTINEZ CIELO CITLALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5620	MELLENDEZ VILLARREAL CINDYA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5621	PONCE VIDAL CINTHIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5622	CHAVIRA PLACENCIO CINTHIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5623	JIMENEZ LOZOYA CINTHIA ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5624	RASCON AIZPURU CINTHIA AYLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5625	PORTILLO FIERRO CINTHIA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5626	ROSALES IBARRA CINTHIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5627	DUARTE MEDINA CINTHIA KARIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5628	PARRA SANCHEZ CINTHIA MARLEN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5629	CHAVEZ LOYA CINTHIA VIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5630	AVILA AVILES CINTHYA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5631	JIMENEZ RIVERA CINTHYA PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5632	CARRILLO QUEZADA CLARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5633	DOMINGUEZ BARRERA LUISA PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5634	LOPEZ VILLANUEVA CLARISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5635	ROMERO ROBLES PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5636	ANCHONDO CONTRERAS CLAUDIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5637	SANCHEZ MARIN CLAUDIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5638	RUVALCABA DIAZ CLAUDIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5639	CARREON CHAVEZ CLAUDIA ATHZIRI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5640	NAVARRETE LOPEZ OLINSER MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5641	HINOJOS GONZALEZ CLAUDIA AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5642	DURAN PACHECO CLAUDIA CANDELARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5643	TORRES TORRES LUISANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5644	LOERA MARTINEZ CLAUDIA ESLYZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5645	SILVA AVALOS CLAUDIA IDALI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5646	BARRIO RIVERO CLAUDIA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5647	VEGA MORALES CLAUDIA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5648	RUIZ DELGADO CLAUDIA JENNIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5649	MONSIVAIS VARGAS LUISANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5650	ALMAZAN PONCE CLAUDIA JULIETA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5651	GUTIERREZ LOYA CLAUDIA LETICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5652	MARQUEZ SANCHEZ CLAUDIA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5653	ROMERO CERROS LUZ AIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5654	GRANILLO QUEZADA CLAUDIA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5655	MUÑOZ PORTILLO CLAUDIA NAARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5656	SORIANO GOMEZ LUZ ALEGRIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5657	CASTILLO GURROLA CLAUDIA NAOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5658	JUAREZ CHAVARRIA CLAUDIA YAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5659	VILLA SANTANA CLAUDIO MAURICIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5660	VAZQUEZ REYES LUZ ALONDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5661	ROJAS OJEDA CRISBER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5662	MARISCAL RAMOS LUZ ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5663	LOZANO ECHEVESTE CRISTA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5664	VARELA GUTIERREZ CRISTAL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5665	ACOSTA MUÑOZ CRISTAL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5666	SANCHEZ GONZALEZ CRISTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5667	AVILA GONZALEZ CRISTIAN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5668	GARFIO HERNANDEZ CRISTIAN ALI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5669	FLORES PUENTE CRISTIAN HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5670	TERRAZAS OLIVAS CRISTIAN JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5671	OLAGUE IBARROLA LUZ DE LOURDES	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5672	ARVIZU TORRES CRISTIAN OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5673	HERNANDEZ REYES LUZ RAMIRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5674	PAYAN DE LA CRUZ CRISTIAN URIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5675	SALCIDO MORENO CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5676	VILLALOBOS TINAJERO CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5677	ZEPEDA AVITIA LYDIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5678	FUENTES FLORES CRISTINA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5679	PALMA SALINAS LYDIA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5680	MANRIQUEZ KUCHLE CRISTINA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5681	MUÑOZ SILVA CRISTINA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5682	LOYA FROESE CRISTINA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5683	MUÑOZ SALAZAR CRISTINA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5684	RAMIREZ FIERRO CRISTOFER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5685	RIVERA MERAZ MACARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5686	CARRILLO ACOSTA CRISTOPHER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5687	PEREZ SERNA MADAI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5688	CHAVEZ PARRA CRISTOPHER ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5689	LOPEZ MARTINEZ MAGDALENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5690	REYES NAJERA CRYSTIAN JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5691	RIOS JIMENEZ CUAUHTLI ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5692	REYES HINOJOS CYNDI ODALYS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5693	NUÑEZ VILLALOBOS CYNTHIA ALEXANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5694	GONZALEZ HIDALGO CYNTHIA ELIZABETH	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5695	JIMENEZ MENDOZA CYNTHIA GUADALUPE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5696	ORDOÑEZ MALDONADO CYNTHIA KARELY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5697	CHAVIRA BARRETO CYNTHIA NOEMI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5698	GUERRERO GARCIA NAYELI	29 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5699	DIAZ HOLGUIN CYNTHIA PAOLA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5700	ROMO ORTIZ CYNTHIA PAULINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5701	REYES LOPEZ OLIVA GUADALUPE	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5702	FRANCO GOCOBACHI CYNTHIA XIMENA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5703	MARQUEZ CASTILLO DALIA EDITH	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5704	GUTIERREZ CALDERON MAGDALY AZERETH	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5705	TERRAZAS ESCARCEGA DAMARIS	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5706	MORENO BARRAGAN DAMARIS ANAHI	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5707	DOMINGUEZ PEREZ LUIS EDGAR	39 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5708	MORALES MARTINEZ MAGLIO GERARDO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
5709	CASTAÑEDA GARCIA DAMARIS VANESSA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5710	ARRIETA DOMINGUEZ DAMIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5711	EDUARDO									
5711	CARDONA LOZOYA OLIVIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5712	SELENE									
5712	DOMINGUEZ LANGARICA DAMIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5713	HUMBERTO									
5713	PRETALIA TORRES DANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5714	HERNANDEZ ESPARZA OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5715	CERVANTES SALAZAR MARIA	58	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5716	GUADALUPE									
5716	QUIÑONES BARRAZA MAHADMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5717	ISABEL									
5717	GARCIA RENTERIA DANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5718	BARRAZA JUAREZ DANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5719	CELESTE									
5719	CISNEROS VALLES DANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5720	GUADALUPE									
5720	MARTINEZ RANGEL DANAE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5721	SOLIS GARCIA DANELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5722	ORTEGA MOLINA LIZBETH	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5723	FLORES CASTAÑEDA MAILEN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5724	ESMERALDA									
5724	VARGAS GONZALEZ DANHE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5725	VALERIA									
5725	FLORIANO BALDERRAMA DANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5726	BOLAÑOS ARMENDARIZ DANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5727	GONZALEZ CONDE PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	GABRIELA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5728	ROMERO CARDENAS DANIA ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5729	RIVERA CARRERA MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5730	SALAZAR BETANCE MANUEL ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5731	ESTRADA CARRILLO DANIA ALESSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5732	TRUJILLO CORRAL DANIA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5733	RODRIGUEZ ANDUJO MANUEL ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5734	VALENZUELA VARGAS DANIA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5735	RIVERA RODRIGUEZ DANIA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5736	HERNANDEZ MENDEZ DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5737	ZAVALA CASTRO DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5738	DOMINGUEZ LOYA DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5739	SORIA MERAZ MANUEL ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5740	FERNANDEZ SOTO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5741	ALCALA CHAVEZ DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5742	VARGAS ARMENDARIZ DANIEL ADOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5743	RUIZESPARZA HINOJOS DANIEL ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5744	VENEGAS AYALA DANIEL ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5745	MEDINA CARREON DANIEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5746	ESTRADA ORTIZ DANIEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5747	OLIVAS RODRIGUEZ DANIEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5748	AGUIRRE CHAVARRIA DANIEL ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5749	MONTAÑEZ QUINTERO OMAR ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5750	PORTILLO TERRAZAS DANIEL ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5751	CHAVEZ AVILA MANUEL BERNARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5752	SOSA RUIZ DANIEL ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5753	COMMESSE PADRON DANIEL AUGUSTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5754	RIVERA CABALLERO DANIEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5755	GARCIA REZA DANIEL ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5756	MONTES CARAVEO DANIEL FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5757	CISNEROS ESTRADA DANIEL FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5758	PACHECO MEDINA DANIEL FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5759	HERNANDEZ TORRES DANIEL GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5760	SILVA SOSA DANIEL GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5761	GONZALEZ GUTIERREZ DANIEL HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5762	SIGALA LEAL PAOLA GUADALUPE	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5763	ROMO SAENZ MANUEL DAVID	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5764	TORRES PULIDO MANUEL DE JESUS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5765	BARRON RODRIGUEZ DANIEL ISRAEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5766	VARGAS AVILA DANIEL IVAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5767	LOPEZ HERNANDEZ DANIEL RICARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5768	BACA SIFUENTES MANUEL EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5769	JARAMILLO PAYAN DANIEL RICARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5770	QUEZADA ZAPATA DANIEL ULISES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5771	SOLIS LOZANO MANUEL EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5772	MARTINEZ VIZCAINO MANUEL EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5773	ORNELAS CAMPOS MANUEL ERNESTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5774	EISSA MOLINA DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5775	FERNANDEZ ESQUIVEL DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5776	FLORES FLORES DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5777	OLVERA RODRIGUEZ DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5778	TORRES URIAS DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5779	RODRIGUEZ PRIETO DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5780	SIFUENTES GARCIA DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5781	FLORES RIVERA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5782	LOPEZ LOPEZ DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5783	RAMIREZ OLIVAS MANUEL ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5784	MONTES REQUENA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5785	GONZALEZ TARANGO MANUEL ISAI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5786	ARMENDARIZ LARA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5787	ASUNSOLO OLVERA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5788	RAMOS SANCHEZ DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5789	JACQUEZ PEREZ DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5790	RASCON PORTILLO DANIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5791	PEREZ GRANADOS MANUEL ISIDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5792	AGUILAR RODRIGUEZ DANIELA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5793	RODRIGUEZ GONZALEZ DANIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5794	VILLARREAL RUBIO DANIELA CELENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5795	ADAME MONTES DANIELA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5796	GARCIA HERNANDEZ MANUEL IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5797	PEREZ ORTEZ DANIELA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5798	FLORES SANCHEZ DANIELA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
5799	ENRIQUEZ MARO MANUEL RICARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5800	ALVARADO VILLALBA DANIELA MELODIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5801	CAMPOS GUERRERO DANIELA MICHELLE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5802	LIMON INZUNZA DANIELA NAYELI	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5803	HOLGUIN PALOMINO DANIELA PAOLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5804	VILLA RIOS DANNA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5805	RUBIO VILLASANA DANNA TERESA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5806	SANCHEZ SOSA DAPHNE ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5807	RAMIREZ ESTRADA MANUEL SALOME	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5808	VELA VILLEGAS DARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5809	LIDDIARD MUÑOZ DARIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5810	MENDOZA PRIETO MANUEL SEBASTIAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5811	MARTINEZ URIBE DARYANA ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5812	AVILES NUÑEZ DASHA SARAHI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5813	CABALLERO SAENZ DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5814	BRITO VALLES MARA SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5815	PIÑON CAMPERO DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5816	SAGARNAGA GUARDIOLA DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
5817	NAJERA NAVARRETE DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5818	ALVIDREZ ALMANZA DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5819	GONZALEZ CASTILLO DAVID ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5820	MALDONADO MERCADO MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5821	MALDONADO ALTAMIRANO DAVID ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5822	PEREZ RICO DAVID ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5823	GARCIA RODRIGUEZ DAVID ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5824	D OPORTO NIETO DAVID ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5825	RAMOS GUTIERREZ DAVID ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5826	SANTOYO TORRES OMAR ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5827	BARRAZA CHAVIRA DAVID ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5828	ALARCON MONTOYA DAVID ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5829	RODRIGUEZ MIRANDA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5830	DOMINGUEZ MORALES DAVID ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5831	CAMPOS ULLOA DAVID ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5832	VILLANUEVA ALDRETE DAVID EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5833	SERRANO RIVAS DAVID EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5834	BLANCO LOYA DAVID ELOY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5835	MALDONADO ESPINOZA OSMAR OCTAVIO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5836	ACOSTA GOMEZ DAVID EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5837	GURROLA CHAVEZ DAVID FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5838	HIDALGO CALDERON DAVID HIRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5839	POSADA TORRES DAVID HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5840	ARZAGA MENDOZA DAVID HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5841	HERNANDEZ ECHAVARRIA DAVID IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5842	GONZALEZ OROZCO DAVID LEVI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5843	SILVA RODRIGUEZ OMAR EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5844	TREVIZO RODRIGUEZ DAVID NAHUM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5845	OLVERA LOPEZ DAVID ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5846	LOPEZ LUNA DAVID YAFTE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5847	CALDERON RODRIGUEZ DAYAN FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5848	RASCON GASPAR DAYAN ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5849	CALDERON RODRIGUEZ DAYAN MIRANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5850	PALOMINO MONTES DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5851	PRADO CORDOVA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5852	CHAO ZUANY DAYANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5853	BRACHO CARRIZALES DAYANA ARLETHE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5854	GONZALEZ NUÑEZ DAYANA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5855	RIVERO CHAVEZ MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5856	ALATORRE GARCIA MARCELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5857	LIRA BARRETO MARIA TERESA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5858	SANCHEZ MARTINEZ DAYANA SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5859	RIVERA BARAY DAYANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5860	AMPARAN FLORES DAYANARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5861	GUTIERREZ IGLESIAS DAYANIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5862	GORDILLO SOTELO DAYRA JOCELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5863	CARDENAS IBARRA DEEMY ALY ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5864	HOLGUIN MALDONADO DEINA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5865	RUIZ MERAZ DEISY JULISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5866	ACOSTA SAENZ PEDRO SALVADOR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5867	REYES LOYA DEISY PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5868	SALCIDO SALCIDO DELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5869	FLORES DE LA CRUZ PAOLA SARAHI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5870	GUTIERREZ SANTIESTEBAN DELIA DENIS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5871	DELGADO FLORES DENIA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5872	MICHEL VELO DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5873	GARCIA NAVARRETE DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5874	ARPERO PARRA DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5875	GONZALEZ TORRES DENISSE AIMEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5876	BOJORQUEZ GONZALEZ DENISSE AZUCENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5877	GAMBOA BARRAZA DENISSE GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5878	PEREA PIÑON MARCELA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5879	SUAREZ CERVANTES MARCELA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5880	MADRID GONZALEZ MARCELA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5881	OLIVAS MENDOZA DENISSE ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5882	MELGAR VALENZUELA DENISSE LILIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5883	ACOSTA MENDOZA DENISSE MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5884	BLANCO LOYA OMAR EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5885	ENRIQUEZ SOTO DENISSE PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5886	ALARCON DIAZ DENISSE PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5887	RAMIREZ MONSIVAIS DENISSE SINAHU	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5888	LOPEZ MARISCALES MARCELA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5889	MELLENDEZ ALFARO DENISSE VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5890	VILLA LINO MARCELA NOHEMI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5891	VALOIZ MENDOZA DENISSE VIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5892	PIZARRO REYES DENISSE XITLALIC	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5893	HERNANDEZ ROJO DENNIS LOURDES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5894	VARGAS MARQUEZ DENNIS ILEANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5895	BARRAZA BAUTISTA DENYA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5896	ORTIZ VILLALBA DENYS YAQUELIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5897	RUVALCABA MARTINEZ DERECK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5898	ESCAMILLA DELGADO DEYLI ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5899	PAYAN RODRIGUEZ DHARIAN IVETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5900	ARMENDARIZ TOVAR MARCO ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5901	SANTIAGO ROLDAN DIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5902	VALENCIA SANTIAGO DIANA ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5903	SOLTERO VALDEZ DIANA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5904	GONZALEZ SOTELO DIANA ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5905	BUSTILLOS VILLAGRAN DIANA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5906	PONCE OLIVAS DIANA CAMILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5907	PEÑA ORTEGA DIANA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5908	YAÑEZ TERAN DIANA CORINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5909	BATISTA PONCE DIANA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5910	MUCHARRAZ RODRIGUEZ DIANA ESTELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5911	MEDINA VAZQUEZ MARCO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5912	ALMEIDA HERRERA DIANA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5913	TENA RODRIGUEZ DIANA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5914	LOZA HERNANDEZ DIANA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5915	GUTIERREZ GARFIO DIANA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5916	BURCIAGA VILLALOBOS DIANA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5917	GUTIERREZ RASCON DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5918	BACA GAYTAN PAOLA VIANEY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5919	CHAVIRA SAENZ DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5920	PRIETO LOPEZ DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5921	AMEZCUA OROZCO DIANA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5922	RAMIREZ CARRILLO DIANA JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5923	SANCHEZ GUADERRAMA DIANA KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5924	MANJARREZ GARCIA MARCO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5925	TAPIA CORRAL MARCO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5926	HOLGUIN LOPEZ MARCO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5927	SOTO LOZOYA DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5928	CONTRERAS GARCIA DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5929	ALVAREZ RAMOS DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5930	MENDOZA LOPEZ DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5931	MARQUEZ CHAVEZ DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5932	PRIETO MORENO DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5933	RUBIO GUTIERREZ DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5934	JIMENEZ PIZARRO DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5935	FIERRO BARRON OMAR GABRIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5936	CALZADA NEVAREZ DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5937	CHAVIRA CONTRERAS DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5938	GONZALEZ MADRID MARCO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5939	DOMINGUEZ LOPEZ DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5940	MORIEL FLORES DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5941	ALVARADO FIERRO DIANA LAURA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5942	RAMOS PEÑA DIANA LETICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5943	ACEVEDO SANCHEZ DIANA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5944	GARCIA LUNA MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5945	PARRA PEÑA DIANA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5946	RONQUILLO CASTILLO MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5947	RIOS TORRES DIANA NICOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5948	VALLES CERVANTES DIANA PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5949	IGLESIAS GONZALEZ MARCOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5950	LEYVA DE LEON MARCOS ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5951	HIJAR TORRES DIANA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5952	BALDERRAMA REYES DIANA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5953	ZUÑIGA ACEVEDO DIANA ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5954	MANDUJANO LOERA DIANA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5955	ACOSTA VALADEZ DIANA SARAHÍ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5956	ALVARADO FRANCO DIANA SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5957	DUARTE LUGO DIANA SINAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5958	VAZQUEZ VENZOR PARIS EMMANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5959	DIAZ GARCIA DIANA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5960	GRAJEDA HERRERA MARCOS HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5961	LOPEZ HERNANDEZ DIANA YADIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5962	BURROLA LOPEZ DIANA YAQUELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5963	LEDEZMA HERAS DIANA YAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5964	CASTAÑEDA GRAJEOLA DIANALaura	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5965	TEYECHEA MARQUEZ DIANNA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5966	SIGALA MONGE DICSY NATALLI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5967	MARQUEZ RIVERA DIEGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5968	PEÑA MENDOZA MARCOS JOSE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5969	FLORES ARRIOLA DIEGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5970	SIFUENTES MONTAÑEZ ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5971	RUBIO CARRILLO DIEGO AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5972	MORALES PALACIOS MARELYN ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5973	MARTINEZ FERNANDEZ DIEGO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5974	GONZALEZ DOMINGUEZ DIEGO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5975	GONZALEZ CHAVEZ DIEGO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
5976	RODRIGUEZ LEAL DIEGO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5977	RODRIGUEZ ERIVES DIEGO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5978	PORTILLA MEJORADO DIEGO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5979	ALMEIDA MUÑOZ DIEGO EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5980	RUIZ DELGADO DIEGO ISAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5981	PIZAÑA ZAVALA DIEGO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5982	MOYA DURAN DORA MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5983	LUEVANO FORD DULCE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5984	MARTINEZ MENDEZ DULCE MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5985	MUÑOZ HERNANDEZ DULCE MARYSOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5986	CHAPARRO MOLINA DULCE VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5987	CALZADA CHACON DYANI ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5988	ARAGON CARRASCO DYLAN MARIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5989	BEDOLLA TINOCO EBER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5990	MUELA RIOS ED SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5991	CASTRO RODRIGUEZ PAOLA ADILENE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5992	GARCIA GARCIA EDDIE AMIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5993	LOYA VILLALOBOS EDDIE JAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
5994	CASAS MENDOZA EDDY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5995	PONCE GUERRA MARGARITA JOHANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5996	TORRES TORRES EDEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5997	SERRATA NUÑEZ EDENIZ AIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5998	MARQUEZ LOZANO MARGARITA SINAHÍ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
5999	VAZQUEZ ENRIQUEZ EDER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6000	RIVERA GONZALEZ MARIA ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6001	SIFUENTES PIZAÑA EDGAR ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6002	ESCARCEGA LOZANO OMAR IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6003	LUNA HERNANDEZ EDGAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6004	VALLES OLIVAS EDGAR ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6005	ALVAREZ GONZALEZ EDGAR ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6006	MEJORADO CANO EDGAR ANDRE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6007	ZAPIEN ORTIZ MARIA ALEGRIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6008	MIRAMONTES CARRERA EDGAR ARIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6009	GARCIA GONZALEZ EDGAR DARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6010	AGUILERA COLUNGA MARIA ARANZAZU	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6011	MERINO DOZAL EDGAR DARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6012	GARCIA GOMEZ PAOLA ITZEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6013	PEREZ CAMACHO EDGAR DAVID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6014	TRUJILLO ORPINEDA EDGAR EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6015	FELIX MATAS EDGAR EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6016	MENDOZA HINOJOS EDGAR EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6017	VARGAS GAYTAN ORIANA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6018	PAEZ MARTINEZ EDGAR EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6019	ALVAREZ RODRIGUEZ EDGAR EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6020	MUÑOZ CASAVANTES EDGAR EMILIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6021	LEON VILLANUEVA EDGAR IGNACIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6022	BARRETO PEREZ PATRICIA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6023	VILLA CRUZ EDGAR ISRAEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6024	OGAZ ESCARPITA MARIA CAMILA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6025	SILVA HERNANDEZ MARIA DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6026	QUINTANA SEÑEZ EDGAR MANUEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6027	GUTIERREZ BARRAZA EDGAR MOISES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6028	SALAS BARRERA EDGAR NOE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6029	HERNANDEZ ARMENDARIZ EDGAR URIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6030	ESPINOZA MELENDEZ EDI ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6031	GUTIERREZ RODRIGUEZ EDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6032	LOERA VALLES EDITH BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6033	ROSAS GUTIERREZ EDITH GABRIELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6034	CHAVEZ JURADO EDITH MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6035	MARQUEZ LOPEZ EDITH PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6036	PANDO SIDAS EDMUNDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6037	LOPEZ JIMENEZ EDNA ALINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6038	CHAVEZ DELGADO EDNA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6039	JIMENEZ CHAVEZ MARIA DE JESUS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6040	HOLGUIN AGUIRRE MARIA DE LA LUZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6041	BAÑUELAS SANDOVAL EDNA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6042	REYES VELAZQUEZ EDOARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6043	CHAVEZ GARCIA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6044	RODRIGUEZ CHAPARRO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6045	ARZOLA ACOSTA EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6046	SALCEDO FRANCO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6047	MENDOZA JIMENEZ PATRICIA YARET	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6048	RODRIGUEZ FIERRO MARIA DE LOS ANGELES	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6049	DELGADO ARMENDARIZ MARIA DE LOURDES	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6050	HERRERA VILLAGRAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6051	ROBLES GANDARILLA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6052	BACA ARZAGA EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6053	RODRIGUEZ ROBLEDO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6054	CASTAÑEDA VASQUEZ EDUARDO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6055	SERRANO GONZALEZ MARIA DE LOURDES	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6056	BLANCO ESCOBEDO EDUARDO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6057	CHACON CARRILLO EDUARDO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6058	CRUZ LOPEZ EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6059	LIMAS VARELA EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6060	BALDERRAMA HEREDIA EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6061	GUERRERO NOROÑA EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6062	SANCHEZ TORRES OSCAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6063	AMOROS GOMEZ MARIA ELISA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6064	MARQUEZ CHAVEZ EDUARDO ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6065	PEREZ MORALES EDUARDO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6066	REZA ESTRADA EDUARDO ERNESTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6067	DELGADO ENRIQUEZ EDUARDO FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6068	ZAPATA ORTEGA EDUARDO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6069	PRIETO URANGA EDUARDO JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6070	DE LA VEGA OCHOA EDWARD ALEXANDER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6071	PARADA LICEA EDWARD DENIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6072	LOPEZ RUBIO EDWIN ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6073	BARRON GAMBOA EILEEN SOPHIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6074	GONZALEZ OLIVAS ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6075	ORTIZ GARCIA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6076	CAMPOS GARCIA ELIAN JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6077	CASTILLO CHAVEZ MARIA ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6078	VENEGAS RAMIREZ ELIAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6079	RAYGOZA VAZQUEZ ELIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6080	MARTINEZ RODRIGUEZ MARIA ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6081	RASCON LOERA ELIO URIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6082	TRUJILLO VAZQUEZ ELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6083	MENDOZA MAYNEZ ELIU SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6084	ALDANA MENDOZA ELIUD MACEDONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6085	GUTIERREZ CABALLERO ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6086	BARRERA GOMEZ ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6087	LOPEZ ORTEGA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6088	DE LA CRUZ HERNANDEZ ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6089	RAMIREZ GUTIERREZ ELIZABETH ITZANAMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6090	BRINGAS GILL ELOISA FABIOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6091	MADRID CARDONA ELSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6092	LARA SOSA ELSA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6093	RAMIREZ ACEVEDO ELSA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6094	ANGULO ARIAS ELSA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6095	LEYTON HERNANDEZ ELSY DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6096	CHACON DIAZ MARIA ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6097	RIVERA MARTINEZ ELY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6098	HERNANDEZ REYES EMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6099	SOZA MARTINEZ EMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6100	ESTRADA MORALES EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6101	MONTOYA LOPEZ EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6102	GARDEA TREJO EMILY JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6103	CARRILLO PEREZ EMMA KORINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6104	BUSTILLOS LEGARDA EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6105	NIETO VAZQUEZ EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6106	BANDA MONTAÑO EMMANUEL ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6107	LUIS DIAZ EMMANUEL GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6108	GOMEZ RASCON EMMANUEL SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6109	PEREZ VEGA ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6110	PIÑA SAENZ ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6111	MUÑOZ ALVAREZ ERIC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6112	CORDOVA CARRILLO ERIC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6113	RAMIREZ MORALES ERIC RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6114	CARREON VARELA ERIC RODRIGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6115	VILLA MONTES ERICK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6116	CHAVEZ GONZALEZ ERICK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6117	GARCIA MELENDEZ ERICK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6118	LIMONES VAZQUEZ MARIA ESTHER	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6119	HERNANDEZ QUEZADA ERICK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6120	LOPEZ RIOS ERICK AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6121	RODRIGUEZ ACOSTA ERICK ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6122	PACHECO BURCIAGA ERICK ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6123	CAÑAS URIAS ERICK ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6124	CHAVEZ AGUILAR MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6125	LOPEZ VEGA ERICK ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6126	ROMERO DE LA O ERICK ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6127	VILLALOBOS IBARRA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6128	JASSO CARRASCO MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6129	PEREZ MELENDEZ MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6130	SILVA OCHOA OSCAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6131	SAENZ OLIVAS ERICK ARIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6132	TREJO ACOSTA ERICK DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6133	MARIZCAL ANTILLON ERICK DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6134	DUARTE MOLINA ERICK FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6135	SAENZ FUENTES ERICK JOHVANY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6136	RIOS CISNEROS ERICK KARIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6137	LOPEZ GOMEZ ERICK OSWALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6138	CANO RODRIGUEZ ERICK RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6139	ESCALANTE HERNANDEZ ERICK RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6140	FLORES MENDOZA ERICK ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6141	DOMINGUEZ MARQUEZ ERICK ROLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6142	DOMINGUEZ BARRIGA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6143	DOMINGUEZ MIRANDA ERICK YAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6144	BATISTA ALTAMIRANO ERICKA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6145	CONTRERAS WICHAR ERICKA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6146	RENTERIA JABALERA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6147	MORALES CHACON ERIK ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6148	HERNANDEZ MENDEZ ERIK ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6149	LEON ALVIDREZ ERIK DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6150	GONZALEZ GARCIA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6151	LEYVA CERENIL ERIK DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6152	ARMENDARIZ ARMENDARIZ ERIK EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6153	SOSTRES GONZALEZ ERIK ORLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6154	TORRES ESCOBAR ERIKA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6155	SANCHEZ REYES ERIKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6156	URIBE MENDOZA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6157	HERNANDEZ OLIVAS ERIKA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6158	MICHEL MUÑOZ ERIKA ILEANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6159	BERZOZA CARREON ERIKA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6160	PEREZ ROMERO ERIKA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6161	VARGAS CALDERON MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6162	VALDEZ RUIZ ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6163	CARREÑO RODRIGUEZ ERWIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6164	ARMENDARIZ VILLOTA OSCAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6165	RENPENNING FLORES ERWIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6166	MARTINEZ DEL RIO MANTILLA ERWIN SAID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6167	LAZO MENDOZA PAULINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6168	MORENO SOLTERO MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6169	HERNANDEZ MARIN ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6170	ORTIZ CASTAÑON ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6171	NAJERA MALDONADO ESMERALDA ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6172	DOMINGUEZ RODRIGUEZ ESMERALDA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6173	GARCIA RAMIREZ ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6174	CHACON ORTEGA ESTEBAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6175	VAZQUEZ PEREZ ADRIANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6176	LAZOS ESCAPITA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6177	ONTIVEROS DUEÑES ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6178	XELHUANTZI PERLA ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6179	GAMBOA HERRERA ESTEFANI ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6180	AMAYA MENDOZA ESTEFANI YAJAIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6181	CASTILLO VAZQUEZ ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6182	CASTAÑEDA MEZA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6183	QUINTANA ACOSTA OSCAR ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6184	TAPIA BELTRAN ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6185	JUAREZ VALENZUELA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6186	JURADO BALDERRAMA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6187	MARTINEZ CHAVEZ MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6188	JIMENEZ ANDAVAZO ESTEFANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6189	AGUILERA PADILLA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6190	RIOS IBARRA ESTEFANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6191	GARCIA RUBIO ESTEFANY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6192	RODRIGUEZ LOYA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6193	MUÑOZ CERDA ESTHER NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6194	ZUBIA MORALES MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6195	HERRERA MALDONADO ESTRELLA MARYSOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6196	GUTIERREZ RODRIGUEZ ETNA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6197	CARMONA DOMINGUEZ EUGENIA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6198	RAMIREZ CARDENAS MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6199	CARRASCO LUCERO EUNICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6200	TAPIA MONTES EVA ADILENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6201	HERNANDEZ VILLALOBOS MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6202	SAENZ CHACON EVA ANAHY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6203	CARBAJAL CANO OSCAR ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6204	PANDO SOTELO EVELIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6205	AGUIRRE ACOSTA EVELIN DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6206	RODRIGUEZ SOLANO EVELIN NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6207	APODACA GUERRA EVELIN YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6208	ANCHONDO CHAVIRA EVELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6209	AMAYA GUTIERREZ EVELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6210	ARANA TENA EVELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6211	TRUJILLO CORDERO EVELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6212	CHAVEZ CHAPARRO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6213	RODRIGUEZ RODRIGUEZ EVELYN ARLET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6214	MOLINA HERNANDEZ EVELYN JOSELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6215	HERNANDEZ ENRIQUEZ EVELYN MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6216	HIDALGO MENDIAS EVELYN MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6217	CHAVEZ LOPEZ EVELYN NAHOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6218	PRADO CASTILLO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6219	MUÑOZ HERNANDEZ EVELYN VIVIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6220	ORTIZ PALMA EVELYN YARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6221	MORENO GONZALEZ EVELYN YUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6222	AROSTEGUI FRANCO EVELYN YURIDIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6223	ZAMORANO MEDINA EVER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6224	SAENZ HERNANDEZ EVER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6225	VELETA SERNA EVER ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6226	MARQUEZ MENDOZA EVER ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6227	CELIS AVILA EVER ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6228	GARCIA MARIN EVER EFRAIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6229	MONTAÑEZ PALOMINO EVER GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6230	CARRASCO DELGADO OSCAR ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6231	PORRAS JURADO EVERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6232	AREVALO PEREZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6233	FLORES REAZA EVERTH ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6234	TINAJERO HERNANDEZ EYDY OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6235	BELTRAN GRANADOS FABIAN ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6236	SALVADOR GARZA FABIAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6237	GONZALEZ CHACON FABIAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6238	ORTEGA CHAVEZ FABIAN ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6239	PONCE LEAL FABIOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6240	SEPULVEDA CONTRERAS FABIOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6241	AGUAYO AGUIRRE FABIOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6242	PEREZ BACA FABIOLA DE JESUS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6243	MEDINA GARCIA FADIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6244	ZAPIAIN CHAVIRA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6245	MACIAS DOMINGUEZ FANNY MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6246	GONZALEZ MELENDEZ FATIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6247	CHAVEZ SERNAS FATIMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6248	BUSTILLOS FIERRO FATIMA ANAH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6249	LOPEZ SOTO FATIMA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6250	OVALLE ARIAS FATIMA CRISTAL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6251	ROMO DELGADO LUIS FERNANDO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6252	MEZA CORONA FATIMA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6253	GARDEA PRIMERO FATIMA JOVANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6254	ACOSTA CHAVEZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6255	LOPEZ TORRES MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6256	VIRAMONTES SAENZ FATIMA LIZETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6257	HERRERA HERRERA FATIMA PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6258	GARCIA ORTEGA FATIMA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6259	DE SANTIAGO REY FATIMA YARABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6260	MORENO GANDARA FAUSTINO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6261	QUINTEROS HERNANDEZ FAUSTO DARIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6262	DE LA VEGA LOPEZ FEDERICO ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6263	GONZALEZ MENDOZA MARIA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6264	RASCON MONDRAGON OSCAR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6265	MONTOYA SOTO FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6266	RIVERA AVILA OSCAR FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6267	RAMIREZ GARCIA FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6268	RODRIGUEZ LECHUGA FELIX	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6269	CARRERA ALVARADO FELIX FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6270	ARMENDARIZ HOLGUIN FERMIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6271	ARISMENDI ORTIZ FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6272	MARTINEZ ROMERO FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6273	RAMIREZ MORAN FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6274	GONZALEZ JUAREZ FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6275	GARDEA LUJAN FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6276	PEREZ MUNGUIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6277	GOMEZ URIAS OLIMPIA OKANY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6278	RAMIREZ OROZCO FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6279	RINCON MERAZ FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6280	ESPARZA GARCIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6281	ORTEGA AGUIRRE FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6282	ESTRADA MARTINEZ FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6283	OTERO RUVALCABA FERNANDA AIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6284	RODRIGUEZ TRUJILLO FERNANDA DE YERALDI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6285	DOMINGUEZ RASCON FERNANDA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6286	PEREZ REYES FERNANDA HAYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6287	SEAÑEZ GOMEZ FERNANDA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6288	DEBORA RIOS MARIA ISABEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6289	CONTRERAS CABRAL FERNANDA IVETTE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6290	HOLGUIN CHAVEZ FERNANDA LIZETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6291	VILLA ASCENCIO FERNANDA SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6292	GONZALEZ CRUZ MARIA JAQUELINE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6293	GONZALEZ MALDONADO FERNANDA SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6294	HERNANDEZ CARREON FERNANDA YATZEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6295	ZUÑIGA IRIGOYEN ADRIANA CECILIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6296	REGALADO AMPARAN FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6297	ALVAREZ TORRES FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6298	LOPEZ PORTILLO FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6299	LARIOS OCHOA FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6300	FOURZAN LOPEZ FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6301	LOPEZ VEGA FERNANDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6302	CAMAL SAGARNAGA FERNANDO ADRIAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6303	CHAVEZ SILVA FERNANDO ALBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6304	ANCHONDO ITURRALDE FERNANDO ALBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6305	VARELA RAMIREZ FERNANDO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6306	JAQUEZ LUNA FERNANDO DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6307	TERRAZAS PERALES FERNANDO EMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6308	AGUILAR CHAVEZ MARIA JOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6309	DURAN DE LA ROSA FERNANDO ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6310	ANDAZOLA ARMENDARIZ FERNANDO HIRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6311	ABREGO QUEZADA FERNANDO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6312	RAMIREZ REY FERNANDO JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6313	FIGUEROA MIRAMONTES FIDEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6314	NUÑEZ RIOS FIDEL IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6315	MORALES TORRES FLOR	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6316	CASTRO JAIME MARIA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6317	OLIVAS BORUNDA MARIA REYNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6318	RODRIGUEZ HUERTA FLOR ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6319	VANEGAS JAVALERA FLOR AZUCENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6320	HERNANDEZ LEOS MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6321	NEVAREZ TREJO FLOR IVON	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6322	JIMENEZ VEGA FLOR IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6323	GOMEZ LARA FLOR LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6324	ARBALLO ARROYO FLOR MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6325	REYES AGUILERA FLOR MICHEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6326	BENCOMO MURGA FRANCISCO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6327	AZCARATE MARTINEZ FRANCISCO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6328	VILLA ESTRADA FRANCISCO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6329	BENITEZ FLORES FRANCISCO ALONSO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6330	MORENO PEREZ FRANCISCO ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6331	MARTINEZ COTA FRANCISCO ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6332	LOPEZ ZAZUETA MARIANA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6333	AYALA RODRIGUEZ FRANCISCO ARIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6334	GRIJALVA SOLIS FRANCISCO CARLOS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6335	GANDARA CHAVEZ FRANCISCO EDSEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6336	VAZQUEZ ALTAMIRANO FRANCISCO EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6337	ENRIQUEZ GARCIA FRANCISCO EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6338	PEREZ DOMINGUEZ FRANCISCO JAVIER	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6339	ROMERO GUTIERREZ FRANCISCO JAVIER	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6340	ALVARADO CHACON MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6341	DE LEON CONTRERAS FRANCISCO JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6342	VIRAMONTES ANTILLON MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6343	GURROLA BARAY FRANCISCO JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6344	RIVERA HURTADO FRIDA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6345	RAMOS RUIZ MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6346	BARRERA SILVA FRIDA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6347	SALAZAR REYES FRIDA MARIOLI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6348	GARCIA BARGAS FRIDA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6349	VELAZQUEZ MORENO FRIDA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6350	HERNANDEZ MARQUEZ FRIDDA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6351	ELIOSA GARDEA FRINETH SAMANTA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6352	ALMANZA CHAVEZ OSCAR HUMBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6353	GARCIA GARCIA FROYLAN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6354	PARRA RAMIREZ FRYDA ISABELLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6355	HERRERA MARISCAL GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6356	MAR BARRIO GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6357	FRANCO LAGOS MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6358	MONARREZ GARCIA GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6359	MAR PAREDES GABRIEL ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6360	GUTIERREZ ESTRADA GABRIEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6361	LARA VAZQUEZ GABRIEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6362	MARIÑELARENA LOZOYA GABRIEL FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6363	GUERRERO LOPEZ GABRIEL HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6364	GONZALEZ DE UNANUE MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6365	RIVERA HERNANDEZ GABRIEL ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6366	AGUILERA GONZALEZ GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6367	ACOSTA MACIAS GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6368	OVALLE MOLINA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6369	WALL REIMER OSCAR IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6370	BARRERA TOLEDO MARIANA ALEXANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6371	RIVERA DOZAL GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6372	URIBE CRUZ GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6373	TORRES GARCIA GABRIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6374	FERNANDEZ CASTILLO GABRIELA AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6375	LOPEZ OLIVAS GABRIELA JANINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6376	GONZALEZ VALLES GABRIELA JOVANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6377	SALCIDO CHAVEZ GABRIELA VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6378	CERA CHACON GAHLILEA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6379	ORTIZ GARCIA MARIANA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6380	MENDEZ CERVANTES GALILEA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6381	GARCIA SANCHEZ GEMA IDALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6382	GUTIERREZ MARTINEZ GEMA PALMIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6383	BARRON DELGADO GENARO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6384	VALDEZ HOLGUIN GENESIS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6385	OLIVAS SARIÑANA GEORGEN OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6386	MUÑOZ GONZALEZ GEORGINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6387	HERFTER LOPEZ GEORGINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6388	CARAVEO LOZOYA GEORGINA CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6389	BENAVIDES NEVAREZ GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6390	DIAZ GONZALEZ MARIANA EDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6391	RUIZ CHAVEZ GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6392	PONCE LOZANO GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6393	CHACON GARCIA GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6394	CAMPOS ARROYO GERARDO ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6395	LAZOS MARTINEZ GERARDO DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6396	ARELLANO MENDOZA GERMAN ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6397	AGUERO CHAVEZ GETHSEMANI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6398	CASTILLO IBARRA GIANCARLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6399	RODRIGUEZ DOMINGUEZ GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6400	ABAD BAÑUELOS GILLIAN SHIRAZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6401	PERALES LOYA MARIANA EUGENIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6402	KONG AVILES GIOVANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6403	RODRIGUEZ HERRERA GIOVANNA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6404	PEÑA VAZQUEZ OMAR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6405	ROSALES MARTINEZ GIOVANNI RAZIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6406	RENTERIA RODRIGUEZ GISEL PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6407	DELGADO CHAVEZ PEDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6408	MUÑOZ BAILON GISELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6409	JUAREZ TARANGO GISELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6410	AVILA HINOJOSA GISELL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6411	MUÑOZ CHAVEZ GISELL JERANNY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6412	GARZA GUTIERREZ GISELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6413	LEGARRETA MORALES GISELLE DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6414	MORALES MARTINEZ MARIANA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6415	RUIZ CHAVEZ GISSEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6416	SOTELO VILLANUEVA GISSEL ANNELIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6417	SORIA ZAPIEN GISSEL FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6418	GUTIERREZ JIMENEZ GISSELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6419	DURAN GUTIERREZ GISSELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6420	HERNANDEZ RODRIGUEZ GISSELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6421	GARCIA PIÑON GIZEL ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6422	BUSTAMANTE . GLADYS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6423	TARANGO HERRERA GLINKA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6424	PAYAN PORRAS MARIANA IVETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6425	JUAREZ MORALES GLORIA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6426	JIMENEZ MARTINEZ GLORIA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6427	ANCHONDO SALAZAR GLORIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6428	ESPARZA GARCIA GONZALO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6429	GRIJALVA RIVERA GORETHY ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6430	TORRES SOLIS GRACEY KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6431	RIVERA GONZALEZ GRACIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6432	VALDEZ PAYAN GRECIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6433	MOSQUEDA ESCOBEDO GRECIA ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6434	CANO CASTRO GRECIA JAEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6435	ESPINO VALENZUELA GRECIA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6436	DEBORA RAMIREZ GRECIA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6437	SALAZAR SILVA MARIANA IVONNE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6438	ACOSTA ORDOÑEZ GRISEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6439	GONZALEZ CHAVEZ GRISET BERENICE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6440	ONTIVEROS GOMEZ GUADALUPE	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6441	RUIZ OCHOA GUADALUPE	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6442	PEREZ CHAVIRA MARIANA YAEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6443	QUIROZ LOPEZ GUADALUPE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6444	IGLESIAS IBARVO MARIANA YURIRIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6445	TAVIZON REYES GUADALUPE JOCELIN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6446	CAMPOS CAMPOS GUILLERMINA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6447	SOTELO FRANCO GUILLERMO ADRIAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6448	LEYVA NOVELLA GUILLERMO FRANCISCO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6449	FAUDO MELENDEZ GUSTAVO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6450	PONCE CHAVIRA MARIANELA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6451	PORTILLO MEDINA MARIANO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6452	NUÑEZ JAQUEZ GUSTAVO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6453	BORJA GONZALEZ GUSTAVO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6454	NUÑEZ NEVAREZ GUSTAVO ANDRE	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6455	RAMIREZ VILLA GUSTAVO ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6456	HERNANDEZ HERNANDEZ GUSTAVO ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6457	HERNANDEZ CALDERON GUSTAVO JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6458	VELAZQUEZ MENDIVIL HANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6459	AMARO RAMOS HANNA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6460	BRIONES GONZALEZ HANNIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6461	ETCHECHURY SOTO HANNIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6462	GOMEZ RODRIGUEZ HANNIA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6463	FONTES BUSTILLOS MARIBEL YOANELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6464	MORENO GUTIERREZ HANNIA MICHEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6465	RAMIREZ ALBA HANNIA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6466	GONZALEZ LIZCANO HANNIA YAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6467	CARRASCO LARA HANSEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6468	DE SANTIAGO MOTA HAZAEL IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6469	PEREZ CONTRERAS HAZIVE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6470	MONTAÑEZ CHAVEZ HEABY ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6471	RODRIGUEZ CISNEROS DENISSE ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6472	BURCIAGA PONCE HEBER FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6473	GASSON LEON MARICELA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6474	GARCIA CARREON HECTOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6475	FLORES ORPINEL MARIE ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6476	AVILA CARRERA HECTOR ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6477	LIRA MARTINEZ HECTOR ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6478	ARCE CALLEROS HECTOR ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6479	DELGADO FLORES OSCAR MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6480	JIMENEZ GURROLA HECTOR ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6481	AGUIRRE ZAPIEN HECTOR ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6482	BENCOMO MENDOZA MARIEL ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6483	RASCON BUSTILLOS OSCAR RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6484	VILLEGAS SANTOS HECTOR DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6485	MARQUEZ FRANCO HECTOR EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6486	LUJAN POSADA HECTOR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6487	QUINTANA RIVERA HECTOR ELIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6488	AVILA IBARRA HECTOR ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6489	MARTHA PORTILLO HECTOR FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6490	FRANCO AGUILAR HECTOR JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6491	AGUIRRE SALAZAR HECTOR MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6492	FLORES LOPEZ HECTOR RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6493	AGUIRRE CHAVEZ HECTOR RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6494	DELGADO GONZALEZ HEIDI JOANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6495	SMITH CONTRERAS HELDER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6496	ROMERO YEPIS HELDER SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6497	ELIAS FAVILA HELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6498	FLORES ROMERO HENRY ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6499	TORRES TORRES HERIBERTO JOSUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6500	GALINDO LECHUGA HERNAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6501	MARTINEZ LOYA HIDALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6502	HOLGUIN VAZQUEZ HILDA CARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6503	LOPEZ CARDENAS HILDA MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6504	BANDA VILLALOBOS HOMELY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6505	MOLINA PRIETO HOMERO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6506	SILVEYRA MEDINA PERLA FRANCELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
6507	RUBIO MIRAMONTES HOMERO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6508	CORRAL YAÑEZ HORACIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6509	RAMOS RAMIREZ HOSAANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6510	SERRANO CRUZ HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6511	CUEVAS GUTIERREZ HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6512	LOPEZ QUIÑONEZ HUGO ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6513	MUELA GAMEROS HUGO ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6514	IRIGOYEN RUIZ HUGO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6515	LECHUGA BARRERA HUGO ELI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6516	PAYAN MARES HUGO GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6517	NAJERA GONZALEZ HUGO HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6518	GAMBOA CORDERO MARIEL CRISTIAN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6519	RIOS CAMPOS MARIEL ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6520	LOPEZ BALTIERRA HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6521	NAVARRO ANDUJO HUMBERTO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6522	MONTES MACLICH MARIELY BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6523	NAVA SAENZ MARIJOSE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6524	NEVAREZ PATIÑO HUMBERTO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6525	ANTILLON CASTILLO IBRAIM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6526	LERMA SALCIDO IDALY DEL CARMEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6527	CORONA MERAZ IDALY GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6528	VAZQUEZ MUÑIZ MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6529	GONZALEZ CAMPOS ILEN IRASEMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6530	MENDOZA ARCINIEGA ILIAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6531	DIAZ BOLAÑOS ILIANA EVELYNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6532	RANGEL ORTA ILIANA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6533	HERNANDEZ SOTO ILSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6534	HERNANDEZ LORENZANA ILSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6535	GONZALEZ VALENZUELA ILSE KRISTEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6536	POLANCO AMPARAN ILSE MARISOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6537	ORTIZ GOMEZ ILSE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6538	HERNANDEZ FLORES ILSE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6539	DOMINGUEZ MENDOZA INGRID	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6540	NEVAREZ GAMBOA INGRID EILEEN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6541	MELENDEZ PARRA INGRID GISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6542	ONTIVEROS VELO MARIO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6543	CISNEROS GONZALEZ INGRID VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6544	ALVARADO TORRES IÑAKI ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6545	HIDALGO MUÑOZ IRALMA JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6546	VILLANUEVA CONTRERAS OSCAR URIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6547	CHAVIRA DOMINGUEZ IRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6548	MELENDEZ VAZQUEZ IRAM ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6549	CERVANTES SILVA IRAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6550	RAMOS RODRIGUEZ IRAN SARAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6551	CADENA ORTIZ IRENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6552	ARRIAGA CHAVEZ IRENE IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6553	ZAMBRANO LOYA IRENE LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6554	DE LA CRUZ LOPEZ IRIDIAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6555	VILLANUEVA SANCHEZ IRIDIAN ILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6556	BACA DOMINGUEZ IRIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6557	VILLARREAL CHAVEZ IRIS SELENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6558	ISLAS SANTANA IRLANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6559	VEGA RIVAZ IRMA AZUCENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6560	RODRIGUEZ CORRAL IRMA MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6561	CANO MENDOZA OSIRIS JAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6562	OROZCO GONZALEZ IRMA NICHOLLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6563	MENA DELGADO IRVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6564	OROPEZA PUGA IRVIN ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6565	SOSA LIMON IRVIN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6566	ORTIZ MACHADO MARIO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6567	RANGEL GRAJEDA IRVIN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6568	RODRIGUEZ RUIZ IRVIN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6569	ALEMAN HERNANDEZ IRVIN OMAET	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6570	GOMEZ FLORES IRVING	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6571	CASTRO MIRAMONTES IRVING	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6572	TRUJILLO LOZANO IRVING JHAIDAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6573	LOYA DOUR IRVING JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6574	BURCIAGA ALVARADO IRWIN LAZARO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6575	MARTINEZ MARTINEZ IRWING OSWALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6576	BARRAZA MENDOZA ISAAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6577	CONTRERAS GUERRERO ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6578	OLIVAS JAQUEZ ISAAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6579	DIAZ CERVANTES OSWALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6580	DOMINGUEZ OROZCO MARIO ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6581	GOMEZ LECHUGA ISAAC ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6582	MORELLI GONZALEZ ISAAC GIOVANNI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6583	ROBLEDO GARCIA MARIO ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6584	SOTO ESPARZA ISAAC MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6585	GOMEZ GUARDIOLA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6586	CHAVEZ TORRES ISAI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6587	MARTINEZ CHACON ISAMAR	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6588	LIMA RUIZ ISIS BRISEIDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6589	GONZALEZ MARTINEZ ISIS YARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6590	HERNANDEZ ARIZMENDI ISKRA YAMEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6591	VEGA MALDONADO ISKRA ZARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6592	SALCEDO CEPEDA MARIO ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6593	GUEVARA MARTINEZ MARIO DE JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6594	GARCIA PRIETO MARIO ELOY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6595	CARO GUTIERREZ ISLAMAR	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6596	RIOS LOPEZ ISMAEL ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6597	RODRIGUEZ HERNANDEZ ISMARY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6598	LUNA RODRIGUEZ OSWALDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6599	VEGA GUEVARA OTHONIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6600	BALSIMELLI MARTINEZ ISRAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6601	MORALES TARANGO ISRAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6602	ESPINOZA VALLES ISRAEL IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6603	COSS . ITALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6604	TARANGO URIBE MARIO ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6605	CANO ARANA ITCHEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6606	MADRID CHACON ITZA MARIEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6607	CHAVEZ MENDOZA ITZAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6608	ESTRADA TORRES ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6609	TALAMANTES MADRIGAL ITZEL ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6610	MACIAS LOPEZ MARIO HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6611	SANCHEZ JIMENEZ ITZEL ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6612	VILLANUEVA AVALOS ITZEL ARIANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6613	ONTIVEROS DOMINGUEZ MARIO ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6614	ZUBIA ESPINOZA ITZEL FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6615	VELAZQUEZ ARMENDARIZ ITZEL GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6616	HOLGUIN ANDRADE ITZEL KARIME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6617	PONCE HIDALGO PABLO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6618	PIÑON CUEVAS ITZEL MARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6619	GARCIA PORTILLO ITZEL NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6620	GARCIA VALVERDE ITZEL SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6621	MEDINA PEÑA ITZEL YOHATZIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6622	AVILA CASTRO ITZUL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6623	TERRAZAS MILLAN MARISA IVETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6624	CARREON QUEZADA ITZURY HAYDE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6625	TORRES AVILA IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6626	CARRILLO SOTO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6627	DESENTIS MIRANDA IVAN AGUSTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6628	SALAZAR VALENZUELA IVAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6629	MORALES GONZALEZ PATRICIA AYDEE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6630	FLORES SOTERO IVAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6631	VILLAVICENCIO FAVILA MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6632	SEPULVEDA MORENO IVAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6633	MEZA MUÑOZ MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6634	VAZQUEZ MOLINA IVAN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6635	LEDEZMA BELL IVAN ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6636	PEREZ RODRIGUEZ IVAN ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6637	VARELA JAIME IVAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6638	BORUNDA LECHUGA MARITZA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6639	MOLINA RODRIGUEZ IVAN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6640	HERNANDEZ TORRES MARLEN VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6641	NAJERA ARROYO MARLENE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6642	TERRAZAS AGUIRRE IVAN ERUBEY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6643	GONZALEZ GRANADOS IVAN GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6644	RANGEL PORTILLO MARIA JOSE	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6645	REY VIRAMONTES IVAN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6646	ARELLANO BATISTA OLIVIA ARASELI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6647	FERMAN QUINTANA IVAN GUSTAVO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6648	GONZALEZ ESCUDERO KENIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6649	LOYA CHITIKA IVAN HOMERO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6650	NANDAYAPA ESCORZA MARLENE PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6651	DIAZ MENDEZ PAUL FRANCISCO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6652	DE REMES FRANCO PABLO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6653	RUIZ SALDIVAR IVAN LORENZO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6654	ARGUELLES PORRAS IVAN OSWALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6655	GARAY GARCIA IVAN RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6656	CORTES ESPINO IVAN ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6657	ENCERRADO HURTADO OMAR	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6658	PORRAS CHAVARRIA IVANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6659	ORTIZ SANDOVAL PAULINA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6660	ZUBIATE SANDOVAL MARLENNE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6661	ACOSTA GARCIA IVANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6662	MONTOYA RODRIGUEZ MARTHA ALEJANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6663	HERMOSILLO MEJIA BORJA IVANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6664	PEREZ CORRAL MARTHA ALEXIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6665	FONG CONTRERAS PALOMA JULIETTE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6666	LEM ROMERO MARTHA ANGELICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6667	FLORES AGUILAR MARTHA RAQUEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6668	ARANA LAVIN IVANIA ELIZABETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6669	AVILA VELAZQUEZ MARTHA SILVIA LUISA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6670	HERNANDEZ QUINTANA IVANNA GABRIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6671	DE LA CRUZ LOPEZ IVETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6672	PILLADO RODRIGUEZ IZHAK RODRIGO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6673	DELGADO VASQUEZ JAANAI FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6674	GONZALEZ LEYVA JACIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6675	MORENO PEREZ JACKELINE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6676	MUÑOZ MARIN JACKELINE IASNAIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6677	FRANCO RIOS JACOB	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6678	REYES PORTILLO JACOB DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6679	LOZANO GONZALEZ JACOBO AXEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6680	MALDONADO MARTINEZ JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6681	NARVAEZ RAMOS JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6682	ROBLES GOMEZ JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6683	MEDINA FERNANDEZ MARTHA STEPHANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6684	JACQUEZ LOPEZ JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6685	GARCIA RAMOS JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6686	ROMERO GARCIA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6687	ESPARZA VARGAS AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6688	ESCUDERO VEGA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6689	VILLALBA FIERRO JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6690	SANTOS GARCIA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6691	RODRIGUEZ TARIN PAOLA EDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6692	PEREZ BALDERRAMA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6693	SANCHEZ MUÑOZ JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6694	VELASCO GARCIA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6695	DORADO MELENDREZ JAEL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6696	ERIVES ERIVES NEYMA IDALEM	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6697	GARCIA MARTINEZ JAFET	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6698	MARRUFO MARTINEZ JAHIR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6699	BRENES MEJIA JAILENE VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6700	CARNERO CALDERON JAIME	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6701	PARRA CALDERON MARTHA YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6702	FELIX CORREA JAIME ADAL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6703	MARQUEZ LOPEZ JAIME ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6704	CASTILLO ESPINOZA MARTIN ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6705	RAMIREZ FAVELA JAIME ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6706	NUÑEZ MARQUEZ JAIME ANDRE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6707	REYES QUIÑONEZ JAIME EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6708	GARDEA GUTIERREZ JAIME MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6709	ACOSTA LOZANO MARTIN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6710	CEBALLOS REGALADO JAIME NOEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6711	DURAN GUTIERREZ JAIME YAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6712	SANCHEZ ALONSO MARTIN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6713	FLORES AGUAYO JAIR ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6714	MORONES JIMENEZ JAIR ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6715	GARCIA FLORES JAIR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6716	NAVARRETE CASTILLO JAIR ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6717	MOLINA CASTILLO JAIR ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6718	CASILLAS HERNANDEZ JAIR GAMALIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6719	RODRIGUEZ ACOSTA JAIRO ALEXANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6720	RIOS LUJAN JAIRO GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6721	BECERRA ACOSTA ADRIANA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6722	VILLA BELTRAN JAKELINE SORAYA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6723	TALAMANTES SALCIDO MARTIN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6724	MEDINA SANCHEZ JAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6725	NAVAR BARRAZA JANET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6726	MARMOLEJO ROCHA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6727	DOMINGUEZ ALDRETE JANETH CRISSELLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6728	QUINTANA RAMIREZ JANETH ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6729	ARELLANO DELGADO JANETH FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6730	CHAVEZ HERNANDEZ JANETH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6731	DUARTE FLORES JANETH PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6732	FRIAS CHAVEZ JANETH VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6733	RODRIGUEZ ESPARZA JANIA CARMINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS
Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6734	TERREROS CRUZ JANINE AMAIRANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6735	VELAZQUEZ MARTINEZ JANIRA JEZABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6736	JUAREZ CHAVEZ MARTIN ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6737	URTUZUASTEGUI RODRIGUEZ JANNEL FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6738	VAZQUEZ BACA PAOLA IMELDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6739	GALLEGOS NEVAREZ JANNIN DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6740	HOLGUIN RIVERA JAQUELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6741	GUTIERREZ TREVIZO JAQUELIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6742	OLIVAS GONZALEZ JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6743	VALLES ESCARCEGA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6744	MARTHA LOYA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6745	CHAVEZ LEON JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6746	ANAYA ADAME JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6747	MINA GONZALEZ JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6748	SOSA ANDAZOLA MARVIN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6749	AGUERO DE LA ROSA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6750	HINOJOSA PUGA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6751	OVALLE MONGE JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6752	REYES MARQUEZ JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6753	PARRA ESPINO JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6754	RODRIGUEZ HERNANDEZ JAQUELINE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6755	QUIROZ NUÑEZ PABLO ALEJANDRO	32 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6756	RODRIGUEZ SERNA JAQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6757	OCHOA CRUZ PAOLA ISELA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6758	DE LEON ORTIZ MARIBEL	48 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6759	JUAREZ MAGAÑA PAOLA NICOL	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6760	GARCIA ACOSTA JAQUELINE ANDREA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6761	GARDEA VALLES JAQUELINE ARMIDA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6762	CORTEZ CHACON JARED	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6763	RODRIGUEZ GERMAN MARY CARMEN	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6764	QUINTANA URIAS JASIEL FRANCISCO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6765	ENRIQUEZ . JASMANIE PAOLA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6766	GARCIA GONZALEZ JASMIRA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6767	RODRIGUEZ PAEZ MARYANA ARELI	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6768	MONARREZ MOLINA MATILDE VERONICA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6769	JURADO TORRES MATTHEW EDUARDO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6770	URQUIDI GAXIOLA JAVIER	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
6771	RODRIGUEZ VILLARREAL MAURICIO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6772	ABREU CHAVEZ MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6773	RODRIGUEZ APODACA JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6774	LUNA VARGAS JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6775	GUITRON RODRIGUEZ JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6776	ROMERO RAMIREZ JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6777	PAZOS VARGAS RAMON ALONSO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6778	SANTOYO RODRIGUEZ JAVIER ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6779	MORALES MACIAS VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6780	FLORES PUENTE PAOLA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6781	GARCIA FIERRO JAVIER ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6782	MARIN ALDRETE JAVIER ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6783	MELCHOR VARELA JAVIER ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6784	CHAVEZ DOMINGUEZ JAVIER ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6785	OCHOA CANO JAVIER ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6786	RODRIGUEZ RODRIGUEZ JAVIER ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6787	VILLA VAQUERA JAVIER ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6788	ARELLANO ALONSO JAVIER ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6789	ALDECO RUIZ MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6790	TARANGO FIERRO JAVIER ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6791	DIAZ HERNANDEZ JAVIER DONALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6792	MARTINEZ TALAMANTES MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6793	CARRASCO ESPARZA JAVIER EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6794	LOPEZ DEVORA PASCUAL FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6795	PALMA SOLIS JAVIER ISAI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6796	GARCIA BAEZA JAVIER RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6797	TALAMANTES GONZALEZ JAZIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6798	MEDINA DELGADO PAUL EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6799	CHACON GOMEZ JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6800	OROZCO ALVAREZ JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6801	CALZADILLAS ARMENDARIZ JAZMIN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6802	SANDOVAL RUIZ JAZMIN ARLET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6803	SANCHEZ CHAVIRA JAZMIN DAYHANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6804	LUNA MARTINEZ MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6805	ESTRADA MEZA JAZMIN DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6806	SALINAS RODRIGUEZ JAZMIN ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6807	ORTIZ GARCIA JEANNETTE PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6808	RUBIO MENDOZA JEANNIE MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6809	REGALADO ONTIVEROS JEFFRY ELIAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6810	LOPEZ PINEDO MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6811	BACA MOLINA PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6812	ACOSTA RODRIGUEZ PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6813	CHAVEZ RAMIREZ PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6814	ZAMBRANO GALAVIZ JENIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6815	LOPEZ VENEGAS JENIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6816	JAUREGUI HINOJOS PAULINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6817	CABRERA ALFEREZ JENIFER AIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6818	JAQUEZ BAQUERA MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6819	CHAVIRA CARRILLO JENIFER ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6820	GARCIA CARLOS VANESSA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6821	ANCHONDO RIVERA JENIFER EUNICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6822	CAMACHO ALTAMIRANO MARISOL	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6823	MARQUEZ DOMINGUEZ MAURICIO ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6824	VAZQUEZ CASTRO JENIFFER CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6825	MORENO RIOS OSCAR AARON	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6826	MELLENDEZ GARCIA JENIFFER JIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6827	ADAME THOMAS JENNIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6828	DE AVILA MONTELONGO MAURICIO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6829	CASTAÑEDA SIGALA JENNIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6830	RUIZ JAQUEZ JENNIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6831	CARO VILLARINO MAURICIO ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6832	MUÑOZ VOTTA JENNIFER ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6833	MESTA ORTIZ PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6834	DAVILA RODRIGUEZ JENNIFER ALINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6835	ACUÑA CHANEZ JENNIFER ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6836	PRIETO ZAVALA JENNIFER DENNIS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6837	VILLARREAL PEREYRA MAURO AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6838	LOZOYA ANDAZOLA PAULINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6839	GRAJEDA REYES JENNIFER IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6840	GARCIA AGUIRRE MAYRA KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6841	MARTA DE LA ROSA JENNIFER KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6842	MENDOZA . JENNIFER ROSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6843	CASILLAS CORDERO JENNIFER VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6844	LOPEZ VERDUZCO JENNIFER WARIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6845	GUEL MARIN JENNIFFER GRISEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6846	LOPEZ GONZALEZ MAYRA LIZETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6847	MENDOZA DURAN JENNYFER	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6848	PARRA MONTES JESSER MICHEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6849	VAZQUEZ BOLAÑOS JESSICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6850	GARCIA GONZALEZ JESSICA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6851	GARDEA SALINAS JESSICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6852	PONCE PEREZ JESSICA ALEJANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6853	MORENO ESCALANTE MAYRA LIZETH	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6854	PEREZ REYES JESSICA ALEJANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6855	MARTINEZ GALAVIZ JESSICA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6856	MACIAS MARTINEZ JESSICA DAYANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6857	CONTRERAS OROZCO JESSICA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6858	ASCENCIO FRANCO MAYRA MICHELLE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6859	TORRES VALDEZ JESSICA LIZETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6860	RAMIREZ VIEZCAS JESSICA SELENE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6861	ALVAREZ MARQUEZ JESSICA YADIRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6862	CALZADILLAS MADRID JESSIE ABDIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6863	VEGA OCHOA JESSIKA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6864	BLANCO LOPEZ JESSIKA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6865	VIEYRA FLORES JESSY EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6866	GANDARA BARRENO JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6867	CHAVEZ VILLEGAS JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6868	JIMENEZ ORTEGA JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6869	RIVERA MARTINEZ MARITZA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6870	QUINTANA ANDRADE JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6871	FABELA VILLEGAS MAYRA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6872	VAZQUEZ OLIVAS JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6873	GARCIA GUERRERO JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6874	FERNANDEZ RODRIGUEZ JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6875	ROMERO GUTIERREZ JESUS AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6876	OLIVAS HERRERA JESUS ABIMAEI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6877	MINGURA LEDEZMA JESUS ADOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6878	VALLES HERNANDEZ MAYRA NALLELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6879	AMARO LOPEZ DE LARA JESUS ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6880	ALEJO LUJAN JESUS ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6881	CASTILLO LUEVANO JESUS ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6882	HERNANDEZ GALVAN JESUS ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6883	FONTES PARRA JESUS ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6884	AGUILAR ACOSTA JESUS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6885	LICON CARO MAYRA NOEMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6886	HERNANDEZ MONGE JESUS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6887	HERRERA HOLGUIN JESUS ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6888	FERNANDEZ LOPEZ JESUS ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6889	GONZALEZ AVITIA JESUS ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6890	HERRERA CARRILLO JESUS ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6891	MAGAÑA GONZALEZ MELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6892	CASTRO BERNAL JESUS ALY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6893	CONTRERAS BARRIENTOS JESUS AMADO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6894	DIAZ GUTIERREZ JESUS ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6895	FRANCO MOLINAR OSCAR DANIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6896	PEREZ . JESUS ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6897	LARA RODRIGUEZ JESUS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6898	GARCIA FONSECA JESUS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6899	LOZANO MUÑOZ MARIA MIRIAM	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6900	CHACON ESTRADA JESUS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6901	ARAIZA TREJO JESUS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6902	PORRAS ONTIVEROS JESUS ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6903	MENDOZA ESTEVANE JESUS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6904	LOYA SILVA JESUS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6905	MORENO ZAMBRANO JESUS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6906	ALVIDREZ RODRIGUEZ JESUS DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6907	SALMON TREJO MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6908	MUÑOZ LOZOYA PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6909	SOSA VALADEZ MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6910	TREVIÑO LOZANO MELISSA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6911	LOPEZ CHAVEZ MELISSA ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6912	OLIVAS PALMA MELISSA CIRENE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6913	QUIÑONEZ ZAPATA JESUS DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6914	CASTILLO GARCIA JESUS DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6915	PEREZ GUERRA JESUS EDEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6916	HERNANDEZ ARAGON MELISSA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6917	SOTO PADILLA JESUS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6918	AGUIRRE GONZALEZ JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6919	GONZALEZ TARANGO JESUS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6920	GARDEA HERNANDEZ JESUS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6921	FERNANDEZ CASTRO JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6922	CAPITANACHI PALMA JESUS EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6923	MORALES MARTA JESUS ERNESTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6924	GONZALEZ GONZALEZ PAULINA MONSERRAT	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6925	SANDOVAL RODRIGUEZ JESUS GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6926	HUERTA REYNOSO MELISSA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6927	CAMARILLO SANCHEZ MELISSA VIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6928	NUÑEZ RIOS JESUS GAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6929	HERNANDEZ ARZOLA PAULINA GABRIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6930	VAZQUEZ RAMIREZ JESUS GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6931	CASTAÑEDA DE LA ROSA JESUS GUADALUPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6932	SALCIDO VILLA JESUS GUILLERMO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6933	VINIEGRA RODRIGUEZ JESUS GUSTAVO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6934	DOMINGUEZ BURCIAGA JESUS ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6935	CHACON LUCIO JESUS JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6936	MUÑOZ PROO JESUS JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6937	ARMENDARIZ LARA JESUS JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6938	VALENZUELA MORALES JESUS JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6939	VILLALOBOS RAMIREZ JESUS JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6940	QUINTANA VALDEZ JESUS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6941	HERNANDEZ CASTILLO JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6942	HERNANDEZ CORRAL PEDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6943	ALVAREZ NAVARRETE JESUS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6944	NAVARRETE OCHOA PEDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6945	ARMENDARIZ DIMAS PEDRO DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6946	HERMOSILLO SANCHEZ JESUS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6947	SANTANA MESA JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6948	GARCIA RUIZ JESUS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6949	MIRANDA BARRAZA JESUS MARTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6950	CALDERA PIÑON JESUS OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6951	PONCE LEAL JESUS OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6952	TORRES GUZMAN JESUS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
6953	FERNANDEZ SAENZ MICHAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6954	GONZALEZ VALDEZ JESUS RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6955	BURBOA MARTINEZ JESUS ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6956	CORRAL CARRILLO JESUS ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6957	SAENZ PEÑA JESUS RODOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6958	RUIZ CASTILLO MICHEL ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6959	GUTIERREZ HEREDIA JESUS RODOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6960	SANCHEZ GONZALEZ JESUS SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6961	GARDEA BARRIOS JESUS TADEO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6962	LOPEZ NAVARRO JESUS YANELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6963	RIVERA GARCIA JEYSEL ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6964	CASTILLO FLORES JILMA CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6965	OROZCO MALDONADO JIMENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6966	OCHOA RUBIO JIMENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6967	CARRILLO CRUZ JIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6968	DEL MORAL MEDRANO JIMENA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6969	LOPEZ MARQUEZ JOCELY MICHEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6970	MURILLO TREJO MICHEL ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6971	MARTINEZ RODRIGUEZ JOCELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
6972	VILLA CARRASCO JOCELYN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6973	AGUIRRE AVILA MICHEL LORENA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6974	RODARTE OROZCO JOCELYN ARLETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6975	COTA BATISTA JOCELYN DAHELI	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6976	MUÑOZ AGUIRRE JOCELYN DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6977	SANCHEZ PEÑA JOCELYN LINETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6978	RODRIGUEZ MORENO JOCELYN SARAHÍ	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6979	CHAVEZ ROSAS JOEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6980	VALENZUELA RIVERA JOEL ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6981	RUGELIO VARGAS JOEL ALEXIS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6982	LOPEZ GANDARILLA JOEL ARTURO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6983	JAQUEZ RODRIGUEZ JOEL EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6984	CRUZ CORRAL JOEL EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6985	CORRAL ARIAS JOHANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6986	OLIVAS ROBLES JOHANA IVETTH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6987	CHAVEZ GARAY JONATHAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6988	ESPINOZA MOLINA JONATHAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6989	RASCON TAPIA JONATHAN ADRIAN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
6990	TERRAZAS CASTAÑON JONATHAN EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
6991	SINALOA MORALES JONATHAN EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6992	DIAZ RENTERIA MICHELL ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6993	ZUÑIGA AMAYA JONATHAN JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6994	CONTRERAS ZURITA JONATHAN JOSUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6995	ESPINOZA PEREA JONATHAN RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6996	SANCHEZ PORTILLO JONATHAN ULISES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6997	CALDERON SANCHEZ JORDAN JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6998	GONZALEZ QUINTANA JORDY ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
6999	GRIJALVA RODRIGUEZ JORGE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7000	ANAYA MONTAÑEZ MICHELL GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7001	RODRIGUEZ RODRIGUEZ JORGE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7002	CASTILLO QUINTANA JORGE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7003	SIGALA CAVAZOS JORGE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7004	MORALES ROCHIN JORGE ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7005	MENDEZ SALAS JORGE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7006	ACOSTA RODRIGUEZ JORGE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7007	HERRERA DELGADO JORGE ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7008	ROJAS VILLALOBOS JORGE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7009	DELGADO RAMIREZ PERLA JUDITH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7010	BASTARDO SANCHEZ MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7011	VALDEZ CARBAJAL JORGE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7012	RAMOS GUERRERO JORGE ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7013	ESPARZA MARTHA JORGE ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7014	VILLAGRAN AVIÑA JORGE ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7015	GONZALEZ SANCHEZ MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7016	GONZALEZ RAMOS JORGE ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7017	PUGA CERECEDO JORGE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7018	PARRA ROMERO JORGE ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7019	NEVAREZ RIOS JORGE ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7020	HERNANDEZ SIGALA JORGE ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7021	NAVARRO ACOSTA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7022	RAMIREZ ROCHA JORGE ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7023	SAENZ ROMERO JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7024	CORRAL GOMEZ JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7025	NEGRETE VALENCIA JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7026	NAJERA SALAS JORGE BRAYAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7027	JURADO CHAVEZ JORGE DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7028	PEREZ FRIAS JORGE EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7029	AGUILAR SILVA JORGE EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7030	CAZARES VALENZUELA NORMA YUNESSY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7031	IBERRI CASTRO JORGE EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7032	HERNANDEZ RUVALCABA JORGE EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7033	BOLIVAR MENDEZ PEDRO EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7034	VERA MORALES JORGE EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7035	HEINRICH DOMINGUEZ JORGE ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7036	BARBA CASTRO JORGE FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7037	BLANCO CALDERON MARILYN MILUSKA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7038	DELGADO PERALTA JORGE GASPAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7039	CARRILLO MENDOZA LUIS JORGE	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7040	SOTELO MONTAÑO LUIS RANDOLFO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7041	PACHECO RODRIGUEZ JORGE GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7042	MORALES RIVAS JORGE ISAI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7043	OLMEDO SAGARNAGA PEDRO IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7044	MORALES VILLALOBOS JORGE IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7045	CHAVEZ ARMENDARIZ PERLA CRISTAL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7046	DOMINGUEZ CHAVIRA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7047	BENCOMO CHAPARRO JORGE JAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7048	GONZALEZ FLORES JORGE JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7049	BOJORQUEZ MARQUEZ JORGE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7050	OCHOA PIZARRO JORGE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7051	PONCE GONZALEZ MARIA NOHEMI	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7052	RODRIGUEZ RAMOS JORGE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7053	VELA MUÑOZ PEDRO ANTONIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7054	MUÑOZ MEDRANO JORGE ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7055	LARA TORRES JORGE SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7056	DELGADILLO LUJAN MARTHA MARELLY	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7057	GUERRERO GARCIA MICHELLE ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7058	MENDOZA BEJAR JOSE ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7059	SOTELO COSS MICHELLE ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7060	ARIAS ZUÑIGA JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7061	MORALES DOMINGUEZ JOSE ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7062	HERMOSILLO ESPINOSA MICHELLE ESTRELLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7063	AGUILAR LOPEZ JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7064	LOPEZ RODRIGUEZ JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7065	MONTOYA VILLA JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7066	LOYA BARRAGAN JOSE ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7067	GARCIA GONZALEZ JOSE ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7068	CHACON GARCIA MICHELLE JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7069	SAGARNAGA PORTILLO MICHELLE PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7070	RODRIGUEZ RIOS JOSE ALVARO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7071	FLORES VALDEZ MIGDALIA JASMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7072	GARCIA DOZAL MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7073	PRIETO ARROYO JOSE ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7074	PORTILLO GUZMAN JOSE ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7075	VILLEGAS CRUZ JOSE ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7076	CALDERON MOTA JOSE ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7077	PAEZ ROMERO JOSE ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7078	LEOS RAMOS JOSE ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7079	CISNEROS LARA JOSE ARNULFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7080	MORALES VELOZ JOSE BERNARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7081	MORALES RODRIGUEZ JOSE CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7082	ORTEGA RIOS JOSE CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7083	MENDOZA AGUILAR MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7084	RIVERA TALAMANTES JOSE CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7085	BAEZA MORALES JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7086	MEDINA JAUREGUI JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7087	ORNELAS RAMIREZ JOSE CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7088	CALZADILLAS GONZALEZ JOSE DAMIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7089	REY TORRES PERLA MARION	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7090	MAYNEZ HERNANDEZ PEDRO DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7091	QUEZADA HERNANDEZ PERLA MINELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7092	CASTILLO HERNANDEZ JOSE DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7093	CASANOVA GONZALEZ JOSE DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7094	ARENIVAR MENDOZA JOSE DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7095	BELTRAN VIDAÑA JOSE DONALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7096	PEDROZA RAMIREZ JOSE EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7097	PARRA PONCE MIGUEL ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7098	FRIAS RASCON JOSE EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7099	CASTILLO FONSECA JOSE ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7100	MARTINEZ RODRIGUEZ MIGUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7101	LARA PEREZ JOSE ERNESTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7102	MATA MIRANDA JOSE FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7103	GRECO FLORES JOSE FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7104	LIMON CAMACHO JOSE FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7105	PALACIOS ESPINOZA MIGUEL ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7106	ENRIQUEZ VALENZUELA JOSE FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7107	LOYA CASTILLO MIGUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7108	NEVAREZ PEÑA PERLA NALLELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7109	RODRIGUEZ MUÑOZ JOSE FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7110	CASTILLO GONZALEZ JOSE FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7111	GUTIERREZ LUCERO JOSE GIOVANNY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7112	SILERIO ALCALA JOSE GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7113	RUIZ ADAME JOSE GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7114	HERRERA BERNAL JOSE HIGINIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7115	LEGARDA PEREZ JOSE HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7116	AVILA VARGAS JOSE HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7117	RODRIGUEZ LEYVA JOSE HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7118	AGUIRRE CARRILLO JOSE ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7119	MUÑIZ OCHOA JOSE IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7120	RUIZ GARCIA JOSE IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7121	CORTEZ RODARTE JOSE JOAB	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7122	LANDEROS CONTRERAS JOSE LEONARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7123	DECTOR DURAN JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7124	URIAS BERNAL JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7125	CABALLERO MONTOYA JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7126	RODRIGUEZ HINOJOS JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7127	CASSIANO RAMIREZ MIGUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7128	BERNAL VILLALOBOS JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7129	ACEVEDO JAQUEZ JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7130	CHACON GONZALEZ JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7131	SERRANO VIRAMONTES JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7132	DE LA ROSA RODRIGUEZ JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7133	PEREZ AHUMADA JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7134	GABALDON PONCE JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7135	MAJALCA MEDINA JOSE LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7136	DURAN VARELA JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7137	GARCIA FRANCO JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7138	GONZALEZ FLORES JOSE MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7139	NAJERA ORDOÑEZ JOSE MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7140	BERMUDEZ ARMENDARIZ JOSE MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7141	GARCIA DE SANTIAGO JOSE MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7142	RODRIGUEZ DOMINGUEZ POLETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7143	GONZALEZ MARTINEZ PRISCILA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7144	CANDIA ORTEGA LUIS RAUL	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7145	ARANDA OLAVE MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7146	RIOS LARA JOSE MARIA	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7147	CECEÑA MARQUEZ JOSE MAURICIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7148	CORRAL IBARRA JOSE MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7149	RAMIREZ CUELLAR PEDRO JOSHUA	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7150	BUSTILLOS MENDOZA JOSE MIGUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7151	PARRA DIAZ JOSE MIGUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7152	ALDERETE ORTEGA JOSE OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7153	HERNANDEZ SANCHEZ MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7154	FIERRO ARMENDARIZ JOSE OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7155	GONZALEZ DURAN MIGUEL ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7156	OVANDO PALACIOS JOSE ORBELIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7157	LOZANO RASCON PERLA ALICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7158	SOLIS MEZA JOSE RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7159	SALAZAR DIAZ JOSE RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7160	CABALLERO CALDERON RAFAEL ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7161	VILLEGAS MALDONADO JOSE RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7162	SIMONS NIETO JOSE ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7163	PEINADO ORTEGA JOSELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7164	BUI ROSAS MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7165	ALTAMIRANO PACHECO JOSELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7166	GARCIA LARA NAYDELIN DAHENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7167	SANCHEZ PALOMINO JOSELINE AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7168	RUIZ MENDOZA JOSELINE LUPITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7169	TERUEL CANO JOSELINE TAMARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7170	LLANAS AVILA JOSELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7171	JURADO RAMIREZ JOSELYN GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7172	VARGAS GOMEZ RAFAELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
7173	SANDOVAL HERNANDEZ JOSELYNNE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7174	RAMOS RUBIO JOSSELYN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7175	PORTILLO ESTUPIÑON JOSUE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7176	MENDOZA ROSALES MIGUEL ANGEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7177	VAZQUEZ MANCHA LUIS ALONSO	34 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7178	PEREZ ZUÑIGA JOSUE ABIMAE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7179	DOMINGUEZ CASTILLEJOS MIGUEL ANGEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7180	ANCHONDO DIAZ OSCAR ISAAC	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7181	MENDOZA CARRASCO JOSUE DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7182	GARCIA FLORES JOSUE EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7183	RIVERA CORRAL JOSUE HIRAM	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7184	ABOITES CONTRERAS JOSUE NICOLAS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7185	CRUZ ATZIN JOVANY	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7186	OSUNA CORONA JUAN ALONSO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7187	MARTINEZ GRIJALVA JUAN ANGEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7188	BELTRAN RIVERA JUAN ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7189	CAMPOS BALDERRAMA JUAN CARLOS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7190	DE LA RIVA ALARCON MIGUEL ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7191	ANGUIANO RIOS JUAN CARLOS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7192	GARZA SIMENTAL RAMIRO ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7193	FIGUEROA BOLAÑO JUAN CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7194	BRAVO PEÑA JUAN CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7195	MONTIEL CHAVEZ JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7196	CERVANTES PEÑA JUAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7197	CERECERES ALARCON JUAN DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7198	LEDEZMA RAMOS JUAN DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7199	FLORES RODARTE JUAN DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7200	HERNANDEZ CAMPOS JUAN DE DIOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7201	RASCON ARELLANES JUAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7202	BOLIVAR MOLINA JUAN EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7203	SANCHEZ ALONSO JUAN ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7204	RUIZ PRIETO JUAN ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7205	GARCIA MARTINEZ LUIS CARLOS	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7206	PACHECO PEREZ MIGUEL EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7207	SOLIS GAMBOA JUAN FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7208	ORDOÑEZ NOLASCO JUAN ISAAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7209	LUNA GONZALEZ JUAN JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
7210	LAZCANO PUENTES JUAN LEONARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7211	PEREZ ROMERO JUAN LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7212	FLORES PANIAGUA JUAN MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7213	PAYAN VALENZUELA JUAN MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7214	NAVARRETE OCHOA JUAN MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7215	RAMIREZ ALDANA JUAN MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7216	ESPARZA ESQUIVEL JUAN MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7217	LAZCANO GARCIA MIGUEL GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7218	MACIAS PINEDA JUAN MARTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7219	ACOSTA MARQUEZ JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7220	ESCUADERO VEGA JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7221	BELTRAN DEL RIO CELAYO MIGUEL HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7222	SANCHEZ HERNANDEZ MIGUEL OSVALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7223	CALDERON GOMEZ JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7224	DURAN ALANIS PERLA GUADALUPE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7225	DOMINGUEZ DELGADO JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7226	LOERA MARISCAL JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7227	COSSIO SALGADO JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7228	COTA GUERRERO ANDRES JULIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7229	BORRUEL ARVIZO JUAN PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7230	LUQUIN GARIBAY JUAN PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7231	ANAYA SOTELO JUAN PAULO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7232	RAMIREZ FLORES JUAN RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7233	BONOLA MENDEZ JUDHIT ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7234	ORDOÑEZ TALAMANTES JUDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7235	ARANA HERNANDEZ JUDITH ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7236	GUERRERO ARRIETA RAMON ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7237	MUÑOZ SANDOVAL JUDITH ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7238	CERVANTES DOMINGUEZ JUDITH LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7239	BARBOZA BARRITA JUDITH MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7240	RIOS MENDOZA MIGUEL ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7241	JACOBO SANCHEZ MILDRED CASSIEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7242	LOZANO GOMEZ MIRANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7243	RODRIGUEZ TREVIÑO JULIA SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7244	CELAYA SEAÑEZ JULIA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7245	CASTILLO VENZOR JULIA VANESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7246	TERAN VAZQUEZ JULIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7247	PAVIA CHAVEZ JULIAN ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7248	MENDIVIL CUAN JULIETA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7249	HERRERA CHAVEZ JULIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7250	HERNANDEZ HERRERA JULIO ADAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7251	QUINTANA HERNANDEZ JULIO ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7252	NAVARRETE RODRIGUEZ JULIO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7253	FIERRO ALMANZA JULIO ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7254	CALAHORRA VARGAS JULIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7255	TORRES WONG MIREYA ALEXIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7256	POMPA DIAZ JULIO CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7257	HIDALGO RODRIGUEZ JULIO CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7258	VILLAR VILLA JULIO CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7259	MEDRANO MAGALLANES JULIO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7260	RUBIO CORDOVA JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7261	CALZADILLA CARRILLO JULISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7262	SOTO TORRES KAREL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7263	CARRILLO FIERRO RAMON ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7264	TRUJILLO CERVANTES KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7265	MORENO DOMINGUEZ KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7266	SILVA CORRAL KARELY ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7267	RIOS VIRAMONTES MIRIAM	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7268	LUNA JIMENEZ KARELY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7269	MARTINEZ REGALADO KARELYN AZUCENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7270	URIAS QUINTANA MIRIAM BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7271	ARNEROS ONTIVEROS KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7272	PAYAN DOMINGUEZ KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7273	RODRIGUEZ MADERO KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7274	DOMINGUEZ ESTRADA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7275	JURADO RIVERA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7276	MARTINEZ QUINTERO KAREN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7277	VARGAS LOZOYA MIRIAM GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7278	VALLE GUTIERREZ KAREN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7279	ESTRADA SALAS KAREN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7280	URBINA ARRAS KAREN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7281	SOTO VARELA MIRIAM LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7282	TRUJILLO SOLIS OCTAVIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7283	SALAS VILLALOBOS KAREN ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7284	GRADO ZUÑIGA KAREN ARED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7285	PROSPERO BACA KAREN ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7286	VILLEGAS HOLGUIN KAREN ARLETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7287	LOPEZ MENDOZA KAREN ARLETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7288	NUÑEZ CANO MIRIAM NOEMI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7289	MOLINA TORRES KAREN DALET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7290	ESPINO ARREDONDO KAREN ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7291	MERCADO VAZQUEZ KAREN EVELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7292	RODRIGUEZ CANO KAREN GISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7293	SOLANO TARANGO KAREN GRISELL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7294	TARANGO RASCON KAREN HANAEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7295	MONTOYA SOTO KAREN HOSHIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7296	MATUS LOPEZ KAREN ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7297	RIVERA VILLALOBOS KAREN ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7298	HUITRON ORDOÑEZ MIROSLAVA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7299	PEREZ VENEGAS KAREN JOSELYNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7300	VALDEZ TALAMANTES MISAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7301	GONZALEZ RODRIGUEZ KAREN LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7302	ANTILLON SANCHEZ KAREN LORENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7303	BARAJAS CONTRERAS KAREN MARIEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7304	DELGADO SANCHEZ KAREN MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7305	MUÑOZ QUINTERO KAREN PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7306	HERNANDEZ PEREZ KAREN ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7307	SANCHEZ TOBIAS KAREN SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7308	ZAMORA DELGADO KAREN VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7309	RAMIREZ LERMA KAREN VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7310	CUCHUMATE CARRILLO KAREN YASMELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7311	SANCHEZ MAPULA KARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7312	VELETA CASTILLO KARIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7313	HERNANDEZ RAYOS KARIME ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7314	CAMPOS ESTRADA KARIME ELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7315	ALDAZ FRIAS RAMON GUSTAVO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7316	LOBATO VAZQUEZ KARIME YAZAIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7317	HERNANDEZ BARCENAS MISAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7318	PEREZ RIVAS MISAEL ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7319	GONZALEZ CHAVIRA MITZI IRIDIAN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7320	QUINTANA CHAVEZ MITZY ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7321	CASTILLO REYES KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7322	VARELA VALDEZ MITZY VIANNEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7323	MORALES OLIVAS KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7324	MEDRANO SOTELO KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7325	RICO MOTIS KARINA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7326	GARCIA SANCHEZ KARINA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7327	CEJAS FERNANDEZ KARINA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7328	ESTRADA TORRES KARINA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7329	SANDOVAL REYES MOISES ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7330	BAYDON VALDEZ KARLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7331	VILLALOBOS SALAS KARLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7332	FLORES TREVIZO MONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7333	CHAVEZ MANZANARES PRISCILA KARELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7334	TORRES HERNANDEZ KARLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7335	SEÑEZ OROZCO KARLA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7336	CAMPOS CARDENAS KARLA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7337	GONZALEZ RODRIGUEZ KARLA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7338	PENDONES FLORES KARLA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7339	ARROYOS MARTINEZ KARLA AURORA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7340	MAGALLANES DE LOS SANTOS KARLA AYLIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7341	PONCE HIDALGO KARLA BEATRIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7342	CORTES ESPINOZA KARLA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7343	PACHECO BAEZA KARLA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7344	SIVITOS LOYA KARLA DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7345	ACEVEDO RANGEL KARLA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7346	NAVA MEJIA KARLA DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7347	GRAJEDA HERNANDEZ KARLA DIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7348	RODRIGUEZ NAVARRETE MONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7349	RAMIREZ RODRIGUEZ MONICA CORAL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7350	FIERRO GONZALEZ KARLA DIONI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7351	RAMIREZ TALAVERA PRISCILLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7352	VALLES MORGAN KARLA EVANGELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7353	ORTEGA LOZANO KARLA EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7354	GONZALEZ ARELLANES MONICA Jael	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7355	CALVO DEL REAL MONICA NAYELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7356	CHAPARRO VALENCIA MONICA PRISCILA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7357	BRIONES BOJORQUEZ KARLA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7358	ROMERO QUINTANA KARLA GALILEA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7359	SANCHEZ ARMENDARIZ MONIKA AURELIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7360	QUINTANA TREVIZO KARLA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7361	SOLANO RODRIGUEZ KARLA IBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7362	GASPAR SIFUENTES KARLA IVETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7363	NEVAREZ MACDONALD KARLA IVETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7364	CARRILLO CHUCA KARLA JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7365	RIVAS DOMINGUEZ KARLA JOHANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7366	DURAN ENRIQUEZ KARLA LIZETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7367	DELGADO FERNANDEZ KARLA LORENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7368	RIVERO MATA RAMON MAURICIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7369	MUÑOZ PORTILLO KARLA MARIEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7370	RODRIGUEZ TORRES KARLA MARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7371	SALDAÑA SAUZAMEDA KARLA MORELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7372	RASCON ANTILLON KARLA OLETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7373	AZCONA MENDOZA KARLA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7374	SALAZAR ANDUJO KARLA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7375	VILLALVA VALERIO KARLA ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7376	GONZALEZ PEREGRINO KARLA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7377	SEPULVEDA RUIZ KARLA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7378	GARCIA JAIME KARLA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7379	MARTINEZ RAMOS KARLA YANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7380	FLORES TABURA KARLA YASIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7381	VALENZUELA CASTILLO KAROL AMOR	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7382	ARANDA ARMENDARIZ KAROL ESTEFANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7383	VARGAS FLORES MYRIAM AIDEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7384	NAVARRETE HERNANDEZ MYRIAM ALELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7385	VALENZUELA FLORES MYRNA NALLELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7386	MONTES FLORES NADIA CITLALLI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7387	PORTILLO ESCUDERO KAROL AUDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7388	CERVANTES RAMIREZ NADIA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7389	GALLEGOS HERNANDEZ KARYME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7390	CHAVEZ GUERECA KARYME FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7391	SANCHEZ BARRAZA KASSANDRA ALONDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7392	RAMIREZ GARCIA KATHERINE GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7393	TORRES BORDIER RAQUEL ARLET	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7394	BACA TAPIA KATHIA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7395	HERNANDEZ SOLIS KATHYA AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7396	OROZCO MORENO KATHYA DAYANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7397	ROSALES CARRILLO NAHOMI ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7398	PAVIA SOTELO KATIA EMIRET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7399	ORTIZ ALONSO NAIMA LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7400	ESTRADA RAMIREZ KATIA KOSELYNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7401	CHAVARRIA PEÑA KATIA MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7402	CEBALLOS ANDRADE KATYA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7403	OCHOA VALENCIA KEILA MELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7404	CID REYES RITA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7405	LUJAN RUIZ MARIBEL	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
7406	BELTRAN ESCOBAR KENDRA IVANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7407	RINCON LUCERO NALLELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7408	MENDOZA GARCIA KENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7409	CARDENAS LEOS NANCY ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7410	MOLINA PRIETO KENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7411	LUNA RODRIGUEZ RAQUEL ISABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7412	VAZQUEZ ADAME KENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7413	MINGURA ERIVES KENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7414	BARRAZA JARA MELISSA LORENA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7415	ARREDONDO BUENO KENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7416	MEDINA RODRIGUEZ KENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7417	RODRIGUEZ BOJORQUEZ NANCY AYERIM	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7418	ENRIQUEZ TARIN NANCY CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7419	TERRAZAS HERNANDEZ PRISCILA ELIZABETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7420	AYALA COVARRUBIAS KENIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7421	PONCE MONARREZ KENIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7422	RICO MIRAMONTES RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7423	GARCIA RODRIGUEZ KENIA ALICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7424	TELLEZ FLORES KENIA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7425	OCHOA ZAVALA KENIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7426	RODRIGUEZ MANRIQUEZ KENIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7427	GONZALEZ ENRIQUEZ NANCY ISELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7428	FLORES CASAVANTES KENIA NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7429	MARQUEZ PONCE KENIA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7430	MACIAS MARTINEZ KENIA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7431	NAJERA PORTILLO KENIA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7432	ALVIDREZ ARMENDARIZ NANCY MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7433	MORALES PIÑON RAFAEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7434	PEREZ SANTILLANES KENIA ZASIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7435	ORDOÑEZ ROCHA KENNYA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7436	MELO MUÑOZ KENYA ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7437	JAQUEZ VENEGAS NANCY VIANEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7438	CALDERA REGALADO KENYA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7439	MORENO ORTEGA KENYA KARYME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7440	AVILA CONTRERAS NAOMI ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7441	CASTILLO VILLALOBOS KENYA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7442	CORRUGEDO CHAPARRO KENYA TAYLETE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7443	MENDOZA VAZQUEZ RAFAEL ARTURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7444	GONZALEZ GONZALEZ KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7445	AGUIRRE BASURTO KEVIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7446	RODRIGUEZ OCHOA KEVIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7447	SOTO GONZALEZ KEVIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7448	REYES SANTOS KEVIN ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7449	LUNA OLIVAS KEVIN ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7450	MACIAS DE LA CRUZ KEVIN ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7451	BENCOMO JIMENEZ KEVIN ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7452	GONZALEZ RUVALCABA KEVIN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7453	CANALES JASSO KEVIN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7454	LOZANO BUSTILLOS KEVIN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7455	BARRERA MESTA KEVIN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7456	MARIÑELARENA LUEVANO KEVIN ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7457	GONZALEZ RIVERA NAOMI ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7458	NUÑEZ ROBLES NAOMI GISELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7459	SALINAS GONZALEZ KEVIN ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7460	DUGAY CHAVIRA KEVIN ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7461	GOMEZ LOYA KEVIN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7462	SILVA VALDEZ KEVIN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7463	DURAN VILLALOBOS KEVIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7464	RONQUILLO CANO RAMSES ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7465	PEREZ LARA KEVIN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7466	PALOMINO SOTO KEVIN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7467	OCHOA DOMINGUEZ KEVIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7468	ESTRADA DOMINGUEZ KEVIN EFRAIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7469	HERRERA TALAMANTES KEVIN GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7470	CALVILLO VALDEZ RAUL ABDIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7471	FUENTES HERNANDEZ KEVIN GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7472	COSS BUSTILLOS KEVIN HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7473	MONTOYA ALVARADO KEVIN HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7474	TENA GARCIA KEVIN ISMAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7475	CASTAÑEDA PALACIOS KEVIN IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7476	VILLARREAL SIGALA RAUL ERNESTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7477	RUIZ RAMIREZ KEVIN ORLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7478	RAMIREZ TORRES KEVIN SALVADOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7479	ESTRADA PONCE KEVIN SAMUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7480	NAJERA ACUÑA KEYLA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7481	PIMENTEL GARCIA PAMELA ROCIO	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7482	LOPEZ HERNANDEZ RAUL FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7483	GARCIA REYES KEYLA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7484	GOMEZ PORTILLO KEYLA VIRGINIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7485	PORTILLO DOMINGUEZ RAUL JAIR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7486	MONGE MORALES KEYRHA IVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7487	SANTILLAN CASTILLO KIARA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7488	MATA DE LOS RIOS NATALIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7489	FIERRO ARMENDARIZ NATALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7490	CARLOS CONTRERAS KIHARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7491	VALENZUELA DE LA ROSA RAUL OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7492	CHAVEZ LICON NATALIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7493	MORENO DOMINGUEZ KIMBERLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7494	WEBSTER . KIMBERLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7495	MEDINA GARCIA KIMBERLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7496	CHAVEZ JASSO KIMBERLY ADALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7497	SALAZAR ESTRADA KIMBERLY ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7498	BAÑUELOS MARTINEZ KIMBERLY NATHALIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7499	RIVERA YAÑEZ KIMBERLY XIOMARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7500	RENERIA ALARCON KINVERLINE JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7501	GARCIA LARA KRISNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7502	RODRIGUEZ ENRIQUEZ REBECA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7503	CARRILLO SAENZ KRISTAL DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7504	DIAZ ALONSO NATALIA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7505	GRIJALVA LERMA MARINA	53	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7506	RODRIGUEZ MIRAMONTES KRISTHIE KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7507	MORENO FLORES KYARA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7508	LLAMAS VALENZUELA KYARA SAMANTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7509	SOTO CARREON LAISA JARED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7510	GUERRA LOYA LAISSA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7511	PERALTA PONCE NATALY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7512	CRUZ RODRIGUEZ LAIZA GRACIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7513	ARIAS WILCHES LARA OLIVIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
7514	ACOSTA ESPINOZA LARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7515	BARRERA CHAVEZ LARISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7516	IBARRA PARRA NATHANAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7517	ROJAS TERRAZAS LARISSA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7518	ROMAN SANCHEZ LARISSA YASMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7519	CASTAÑEDA DIAZ LARIZ ANAMIM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7520	MARQUEZ RASCON PRISCILA ODALYS	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7521	VARGAS QUEZADA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7522	VILLA TREVIÑO LAURA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7523	TORRES MARQUEZ LAURA ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7524	YAÑEZ VILLALOBOS LAURA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7525	SALCIDO LARA NAXIELY GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7526	AGUILAR CHAVEZ LAURA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7527	VALENZUELA AGUILAR LAURA ARHELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7528	SANCHEZ DIAZ LAURA BEATRIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7529	TARANGO GARCIA NAYELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7530	ORTIZ RAMOS NAYELI ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7531	QUEZADA MARTINEZ LAURA CECILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7532	COBOS RUEDA NAZBLY ARIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7533	MARQUEZ LOZOYA LAURA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7534	PAEZ ACOSTA LAURA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7535	MOLINA NAVA ANGELICA IDALY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7536	RODRIGUEZ ORDAZ LAURA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7537	MARTINEZ ARVIZO LAURA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7538	SOTO CHACON LAURA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7539	CHACON SOTELO LAURA HAZMEIDI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7540	GAMEZ CARDENAS LAURA MADELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7541	PEREZ LOZANO LAURA MARLENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7542	QUEZADA RUBIO RAUL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7543	ZUÑIGA RASCON ADRIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7544	PAREDES PUENTE NEFTALI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7545	SILVA OCHOA NELVA JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7546	JURADO URQUIZA LAURA MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7547	GUTIERREZ JUAREZ LAURA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7548	CONDE GONZALEZ LAURA NAYELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7549	GUTIERREZ GONZALEZ LAURA NAYELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7550	ESPARZA ROMO LAURA VANELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
7551	ROSALES LOPEZ LAURA VANESSA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7552	OAXACA NEVAREZ LAURA VICTORIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7553	MELLENDEZ HINOJOS NEREIDA ALONDRA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7554	PARRA TORRES LAURA YAILIN	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7555	LOYA RODRIGUEZ LAUREN DENISE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7556	SOLTERO ALVAREZ LAYTITIA ALONDRA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7557	LEGARRETA MIRAMONTES LEDA VALERIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7558	VALDEZ ESQUIVEL LENNY LETICIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7559	RODRIGUEZ CRUZ LEOBARDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7560	GUZMAN CASTILLO NERITZA VIANEY	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7561	MONREAL TORRES LEOBARDO FRANCISCO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7562	CANO GUTIERREZ NESDEY	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7563	ANGUIANO LOYA LEONARDO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7564	ESTRADA CALDERON NESTOR ENRIQUE	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7565	DIAZ MARQUEZ LEONARDO ARAM	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7566	GARCIA GUILLEN LEONARDO DANIEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7567	MARTINEZ MORALES LEONARDO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7568	LEON MORA LEONARDO RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7569	CARMONA GOMEZ LEONEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7570	VILLARREAL AGUILAR LEONEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7571	REZA REZA LESLEY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7572	SOLTERO DURON LESLIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7573	SOTO AGUIRRE LESLIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7574	QUEZADA NUÑEZ NICOLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7575	RUIZ CASTILLO NIDIA CITLALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7576	GUZMAN AYALA PRISCILLA ROCIC	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7577	MENDEZ MENDOZA RAUL ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7578	OAXACA HOLGUIN LESLIE AIMEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7579	RUIZ GARCIA LESLIE ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7580	LOZOYA CARMONA LESLIE ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7581	FLORES MARQUEZ REBECA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7582	MOYA CARO NIDIA EVELYN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7583	AGUILAR VENEGAS LUZ ARACELY	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7584	ESCARCEGA HOLGUIN LESLIE ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7585	NAJERA ROJAS NITZHA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7586	RODRIGUEZ MIRANDA LESLIE DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7587	GARCIA MATA LESLIE DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7588	COLMENERO MENDOZA LESLIE DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7589	CHAVIRA FRANCO LESLIE ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7590	FIGUEROA CRUZ LESLIE GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7591	TERRAZAS DURAN LESLIE JOSELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7592	RAMOS CHAVIRA LESLIE KARIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7593	VERA PEREZ LESLIE LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7594	PEREZ ROMERO REFUGIO	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7595	PAYAN GARCIA LESLIE MARTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7596	TOPETE RUIZ LESLIE NALLELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7597	AVILA PAZOS LESLIE NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7598	DELGADO PEREA LESLIE PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7599	OCHOA ALVEAR LESLIE SARAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7600	AMADO MARTINEZ NITZIHA JOHANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7601	RODRIGUEZ BALDERRAMA LESLIE STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7602	HERNANDEZ ARTEAGA LUZ MARIA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7603	ARAGON VALENCIA LESLIE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7604	DOMINGUEZ MONTES LESLIE YADALTHY DE LA ROSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7605	MORALES VERA LESLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
7606	ORDUÑO MANCINAS REGINA AIDALY	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7607	CORTES BELTRAN LESLY ARACELY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7608	POSADA CASTILLO LESLY CAROLINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7609	ACUÑA CHAVEZ LESLY DAYAMY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7610	LUGO GOMEZ NIXAEL	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7611	OTERO RIVERA LESLY KARELY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7612	TORRES CASTAÑON LESLY LILIANA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7613	CARRILLO GRANADOS LESLY NIKOL	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7614	SORIANO ROBLES LESLY PAOLA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7615	PARRA SERNA LESLY PAOLA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7616	MARBAN MORALES NIZA ARELY	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7617	LOZOYA HERNANDEZ LESLY PRISCILA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7618	VARELA REYES LESLY VIANNEY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7619	HERNANDEZ AYALA LESLYE ANGELICA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7620	ALDAMA RIVERA LESLYE SOFIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7621	CARBALLO RASCON LESSLIE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7622	CABALLERO MADRIGAL LESSLY POLETTE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
7623	GOMEZ MARISCAL LESSLYE GUADALUPE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7624	VALENZUELA ARZAGA LETICIA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7625	HERRERA PARRA NIZA ZULAMITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7626	BELTRAN RAMIREZ LETICIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7627	CHAPARRO PALMA LEXY YOANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7628	DOMINGUEZ RAMIREZ NOEL OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7629	CANO VAZQUEZ RAUL DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7630	ANDUJO HERNANDEZ LIDIA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7631	JIMENEZ ACEVEDO LIDIA ROXANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7632	MAGALLANES BACA LIDIA SHUGEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7633	ORTEGA BELTRAN DEL RIO LIDIA YULIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7634	RAMOS DIAZ LILA GRISEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7635	BACA ISLAS LILIA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7636	OCHOA REYES LILIA NATHALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7637	RODRIGUEZ VARELA LILIAN MIREYA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7638	VILLA MENESES PAUL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7639	MUÑOZ CARRASCO NORA VIVIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7640	OROZCO MENDOZA LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7641	CHAVEZ VILLANUEVA LILIANA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7642	OGAZ HERNANDEZ LILIANA EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7643	CAZARES MANCINAS LILIANA ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7644	MARES VELETA LILIANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7645	ROMERO FIERRO LILIANA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7646	VERDUZCO ANGEL NORBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7647	ARAIZA PEREZ LILIANA IVETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7648	GUTIERREZ CUETO LILIANA JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7649	BAEZA ZAPIEN LILIANN ELIZA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7650	LUJAN CARO LILLIAN NICOLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7651	MARTINEZ CHAVARRIA NORVIN ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7652	MORENO RODRIGUEZ LINA DONET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7653	CARREON RONQUILLO LINDA AREHLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7654	EGURE PARRA LINDA MARGARITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7655	LOYA BALDERRAMA LIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7656	LARA SANCHEZ LISBET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7657	BARRERA SANDOVAL LISSANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7658	MERAZ . LITZI NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7659	LOPEZ CORDOVA OBED SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7660	CHAPARRO RAMOS LITZY ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7661	LOPEZ PARRA LITZY DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7662	PAYAN CENICEROS LITZY EYLYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7663	CARRETE LOYA LITZY KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7664	FONTES MIRANDA LITZY YOMARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7665	JUAREZ PARRA LIVAN MARCELO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7666	PRETALIA BAEZA LIVIA NAILEA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7667	PEREZ CHACON LIZ PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7668	CORDOVA ORTEGA LIZANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7669	PORRAS MARTIN DEL CAMPO LIZANI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7670	DELGADO FLORES LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7671	TENA GRANADOS LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7672	GUERRERO MARTINEZ LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7673	RUIZ CHAVEZ PERLA ROCIO	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7674	SAENZ TREJO LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7675	ZUBIA MOLINA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7676	AGUIRRE SILVA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7677	NUÑEZ ALVARADO OCTAVIO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7678	SOLIS VILLAGRAN LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7679	MENDOZA VEGA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7680	ZERMEÑO BAYLON LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7681	BONILLA CENICEROS LIZBETH ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7682	AYALA CORTES LIZBETH ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7683	PORRAS ARENIVAR LIZBETH AIDE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7684	LOPEZ BURGARA ODALIS JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7685	CHAVEZ MILLAN LIZBETH AILYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7686	MERAZ DIAZ ODALYS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7687	ESTRADA TOVALI LIZBETH ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7688	TORRES URBINA LIZBETH ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7689	RAMIREZ MORALES RAUL GUADALUPE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7690	CHAVARRIA RODRIGUEZ LIZBETH ERENDI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7691	CASTRO COBOS RAUL HUMBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7692	BARRAZA HERNANDEZ LIZBETH FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7693	REYES GRAJEDA PABLO EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7694	PEREZ GAMBOA LIZBETH GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7695	VILLA BATISTA REGINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7696	FRIAS JUAREZ ODILLE KARYME	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7697	SAMIA CARLOS OMAR ADOLFO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7698	ANAYA VARGAS LIZBETH GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7699	SALAS TAFOYA LIZBETH JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7700	GUTIERREZ REYES LIZBETH JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7701	VIGIL ARAIZA LIZBETH KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7702	MORALES PINALES LIZBETH MANUELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7703	GINER SOTELO LIZBETH MATILDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7704	LOYA CRUZ LIZBETH NAHOMY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7705	MEDINA CORRAL LIZBETH PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7706	JUAREZ MARTINEZ OMAR ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7707	JAQUEZ RAMIREZ LIZBETH PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7708	DUARTE PANIAGUA LIZBETH PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7709	VEGA SANCHEZ OMAR ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7710	ESQUIVEL MORIEL LIZBETH SAMANTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7711	VELAZQUEZ ARMENDARIZ LIZBETH SHECCID	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7712	VILLALBA HERNANDEZ LIZBETH VANELLY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7713	CHAVEZ CHACON OMAR ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7714	DOMINGUEZ LUJAN LIZDETH AIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7715	ACOSTA SANCHEZ REGINA DAMARA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7716	ZUBIA MOLINA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7717	TOVAR TORRES OMAR DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7718	NUÑEZ LERMA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7719	MOLINA JAQUEZ OMAR ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7720	BARRAZA ROBLES LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7721	BUENO NUÑEZ LIZETH ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7722	MORALES ARNEROS LIZETH GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7723	ANAYA VARGAS LIZETH GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7724	PORTILLO GONZALEZ LIZETH GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7725	IRIGOYEN MAJALCA LIZETH KARIME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7726	BAEZA GALVAN RENE ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7727	MORENO QUINTANA LIZETH PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7728	CHAVEZ MEDINA OMAR HORACIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7729	CORDERO ONTIVEROS LIZETTE ARALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7730	GOMEZ MADERO LIZTIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7731	RIVERA MANCINAS LIZZA ATHZAR	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7732	TORRES GARDEA OMAR ISAI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7733	RODRIGUEZ LUNA LUIS RAYMUNDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7734	LOPEZ SALAS LLUVIA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7735	AMADOR ZAPATA LLUVIA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7736	LEYVA AYALA MANUEL	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7737	ALVAREZ NUÑEZ OMAR ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7738	DOMINGUEZ ORPINEL LORENA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7739	CRUZ QUINTAS ONIX AMOR	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7740	FACIO MEZA LOT YOSAFAT	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7741	DELGADO MACIAS PRISCILA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7742	GUERRERO DELGADO LOTH FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7743	HERNANDEZ MARTA LUCERO ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7744	ALVAREZ CHAVEZ LUIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7745	DOMINGUEZ VAZQUEZ ORLANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7746	SOTO RUEDA ORLANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7747	MARTINEZ PAYAN LUIS ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7748	MARTINEZ PALMA LUIS ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7749	AGUIRRE GONZALEZ RENE RODOLFO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7750	PEDROZA TOVAR LUIS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7751	NAVARRO DOMINGUEZ OSCAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7752	MANCINAS CERVANTES LUIS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7753	TORRES CARMONA LUIS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7754	XOCHIHUA BELTRAN OSCAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7755	ORPINEDA MENDIVIL LUIS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7756	BETANCES SOTO LUIS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7757	22	M	30/09/2021	GRANADOS MERAZ LUIS ALBERTO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7758	22	M	30/09/2021	ROBLES GRANILLO LUIS ALBERTO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7759	22	M	30/09/2021	MOTA VILLA LUIS ALEJANDRO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7760	21	M	30/09/2021	CORONADO ZANABRIA LUIS ALFONSO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7761	22	M	30/09/2021	RUIZ APONTE LUIS ALFONSO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7762	21	M	30/09/2021	DOMINGUEZ FRIAS LUIS ALFONSO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7763	21	M	30/09/2021	RAMIREZ TRUJILLO LUIS ALFONSO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7764	22	M	30/09/2021	PEÑA AGUILAR LUIS ALFREDO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7765	22	M	30/09/2021	SOTO JURADO LUIS ALFREDO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7766	22	M	30/09/2021	LOYA REYNA LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7767	22	M	30/09/2021	MEDRANO MARTINEZ LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7768	23	M	30/09/2021	PONCE ARAIZA OSCAR ADAN	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7769	22	M	30/09/2021	DE LA ROSA CHAIRES LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7770	30	F	30/09/2021	FERNANDEZ ORTIZ PAULINA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7771	21	M	30/09/2021	LOPEZ GODINEZ LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7772	22	M	30/09/2021	GARCIA SADAMURA LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7773	21	M	30/09/2021	GONZALEZ HERNANDEZ LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7774	23	M	30/09/2021	TEJERO PARADA OSCAR ALAN	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7775	21	M	30/09/2021	ESTUPIÑAN LOPEZ LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7776	22	M	30/09/2021	MARTOS CENICEROS LUIS ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7777	ZAPATA OCHOA PALOMA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7778	LOPEZ LOPEZ LUIS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7779	LEZAMA LUCERO LUIS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7780	VALDEZ MARQUEZ OSCAR ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7781	ALVIDREZ BELTRAN LUIS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7782	SALCIDO PIZARRO RENNE ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7783	SANCHEZ LOPEZ LUIS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7784	ALVARADO RENTERIA LUIS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7785	GARCIA TORRES RENNE LUISSANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7786	LEGARDA ADAME LUIS ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7787	ESPINOZA SAENZ LUIS ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7788	CASTILLO NUÑEZ LUIS ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7789	MUÑOZ LOPEZ OSCAR ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7790	SAENZ IBARRA OSCAR ALEXANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7791	GARCIA SOTELO LUIS ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7792	PEREZ SALAZAR LUIS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7793	PORRAS PADILLA LUIS CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7794	HERNANDEZ CHACON ADRIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7795	LEON ACOSTA LUIS CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7796	DELGADO SAGARNAGA LUIS CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7797	SANDOVAL PEINADO OSCAR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7798	TARANGO LOPEZ LUIS CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7799	SEGURA CASTILLO LUIS CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7800	FLORES BURCIAGA LUIS CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7801	ORNELAS URANGA LUIS CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7802	CONTRERAS GUARDIOLA LUIS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7803	MEZA SOLIS LUIS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7804	DE LA O ZARATE LUIS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7805	GONZALEZ BUSTILLOS LUIS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7806	POLO GAMEZ LUIS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7807	GUEVARA GARCIA OSCAR DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7808	HERRERA RASCON LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7809	MARQUEZ JUAREZ OSCAR DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7810	MALDONADO VAZQUEZ OSCAR EDEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7811	REVELES SALINAS LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7812	ESPITUÑAL LOPEZ LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7813	DIAZ DANIEL OSCAR EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7814	VILLALBA SANDOVAL LUIS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7815	ACOSTA ALVARADO OSCAR EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7816	PRECIADO BRAVO LUIS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7817	CONTRERAS MORALES LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7818	VILLARREAL LOYA LUIS ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7819	MARTINEZ HERRERA LUIS ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7820	RODRIGUEZ QUINTANA LUIS ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7821	BALAGUER LOPEZ IVAN ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7822	CEBALLOS CHAVIRA LUIS FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7823	RUEDA VELAZQUEZ LUIS FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7824	GOMEZ VALDEZ LUIS FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7825	ELIZONDO DURON RICARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7826	HERNANDEZ DELGADO PAMELA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7827	AGUIRRE VALLES OMAR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7828	GARCIA MENDEZ LUIS FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7829	VIGNA BOLIVAR LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7830	LARA SAENZ LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7831	TORRES MARTINEZ OSCAR EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7832	CARRILLO VILLALPANDO LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7833	AVILA MARTINEZ OSCAR GILBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7834	CARRAZCO QUINTANA OSCAR GUSTAVO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7835	LOPEZ NUÑEZ LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7836	RODRIGUEZ LOPEZ OSCAR LIBAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7837	JAQUEZ SALAZAR LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7838	VILLALOBOS DIAZ OSCAR MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7839	PULIDO SANTANA OSCAR OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7840	MENDOZA ROJO LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7841	SANCHEZ CARRASCO LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7842	MOLINA RODRIGUEZ RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7843	GONZALEZ SOTO LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7844	CORONEL HERNANDEZ LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7845	DIEGO FELIX OSCAR SAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7846	GONZALEZ HOLGUIN OSMAR FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7847	FLORES OROZCO MATILDE IMELDA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7848	DOMINGUEZ MERAZ LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7849	ALARCON GARCIA ADRIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7850	MARTINEZ JAQUEZ LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7851	DIAZ RUIZ LUIS FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7852	GARCIA ARNEROS LUIS FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7853	HERNANDEZ BALAGUER LUIS GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7854	ALDABA VILLAGOMEZ LUIS GERARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7855	OLIVAS ESTRADA LUIS GUSTAVO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7856	GARCIA CHAPARRO OSVALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7857	SALAZAR CARRILLO LUIS HORACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7858	BENCOMO ARVIZO LUIS IDOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7859	RIVERA MARTINEZ LUIS IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7860	MELENDEZ RAMOS LUIS JOAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7861	QUEZADA ANCHONDO LUIS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7862	POLANCO HERNANDEZ LUIS MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7863	ZUBIA MEZA LUIS MARIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7864	FLORES PORRAS LUIS MARIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7865	PAYAN LOZANO LUIS OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7866	CERECERES TREJO LUIS OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7867	CHAVEZ MARTA LUIS PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7868	GARCIA ZUÑIGA OSVALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7869	CERVERA FLORES OSVALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7870	CHAPARRO VAZQUEZ LUIS PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7871	MENDOZA RIVAS LUIS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Suma
7872	VALENZUELA SANCHEZ OMAR CAYAM	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7873	GAYTAN ZARATE OTONIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7874	GONZALEZ CONTRERAS LUIS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7875	MARQUEZ CHAVEZ MYRIAM REBECA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7876	FLORES RODRIGUEZ REYNA GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7877	HERNANDEZ ORTIZ LUIS ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7878	ALMODOVAR ACOSTA QUETZAL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7879	DURAN BARRAZA LUIS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7880	RAMOS SANCHEZ LUIS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7881	HERNANDEZ SOLIS LUIS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7882	SORIANO FAUDO A LUIS ROMAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7883	MORALES HINOJOS LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7884	MONTOYA RODRIGUEZ REYNA LIZETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7885	RAMOS RODRIGUEZ PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7886	TORRES VALDEZ PAMELA AIDEE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7887	ROBLES PEREZ LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7888	LARA BACA LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7889	PINTO AGUILERA LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7890	CRUZ ZAFIRO PABLO ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7891	VARGAS LEGARDA LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7892	CHAPARRO DIAZ LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7893	SANCHEZ GONZALEZ LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7894	MEDINA RUIZ LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7895	SANTANA CORRAL LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7896	MARTINEZ MORENO RHANDY ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7897	PACHECO DE LIRA LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7898	LUJAN SOTELO LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7899	LECHUGA SALMON RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7900	ZAVALA LOZANO LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7901	GONZALEZ MIRAMONTES PAOLA GABRIELA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7902	RODRIGUEZ GONZALEZ RICARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7903	QUINTANA CISNEROS LUISA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7904	RAMOS VAZQUEZ LUISA MARGARITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7905	CORRAL BUJANDA LUISA MIRANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7906	LEYVA CASTRO LUISA PENELOPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
7907	ESPINOZA GUTIERREZ PABLO CESAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7908	NUÑEZ SALCEDO LUISA PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7909	MENDOZA VALLES LUISANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7910	CHAVEZ SOLIS LUZ ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7911	LUNA PEINADO LUZ ARENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7912	FLORES ORTIZ LUZ DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7913	SALAZAR CERVANTES LUZ GRISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7914	PIZARRO REYES RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7915	HERNANDEZ VILLEGAS LYDIA ARANTZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7916	MORALES FUENTES MADAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7917	GARIBALDI URQUIDI MADAI YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7918	CELIS SANCHEZ RAMON ALBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7919	GARCIA VILLANUEVA PABLO JAHAZIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7920	SALAS MAGALLON MADELINE ABIGAHIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7921	FRANCO PEREZ MAGALY GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7922	BELKOTOZKY CASTRO PALOMA JOHANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7923	MACIAS GALINDO MAGDALENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7924	GUTIERREZ GUTIERREZ MAGDIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7925	MENDEZ RAMIREZ MALENI NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7926	MARQUEZ GUEREQUE RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7927	GONZALEZ DE SANTIAGO MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7928	GALLEGOS GAMEZ MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7929	SALCIDO TREVIÑO PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7930	CASAS ARRIETA MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7931	MARRUFO MORENO MANUEL AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7932	MUÑOZ VILLALOBOS MANUEL ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7933	ALCANTAR LARDIZABAL MANUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7934	ESPARZA DOMINGUEZ MANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7935	TORRES ARREDONDO MANUEL ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7936	GABALDON MARQUEZ RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7937	MORALES ESCARCEGA MANUEL ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7938	LOPEZ BACA MANUEL ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7939	PAYAN RODRIGUEZ MANUEL ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7940	ANCHONDO ANDUJO MANUEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7941	SALAZAR ROMAN MANUEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7942	CARRILLO CASTRO MANUEL ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7943	MENDOZA PEREZ RANDALL ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7944	REYES OROZCO MANUEL FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7945	ORDOÑEZ MAYAGOITIA PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7946	MATA QUINTANA MANUEL JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7947	DOMINGUEZ URIAS PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7948	MENDOZA ORRANTIA MANUEL RODRIGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7949	CASTILLO NAVARRETE MANUEL SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7950	GALVAN DURAN MAR ELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7951	MARRUFO ARGUIJO MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7952	PEREZ PEREZ PAMELA EDALI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7953	ARMENDARIZ MOTA MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7954	REYES AMEZAGA MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7955	TERRAZAS RIVERA MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7956	ARMENDARIZ ARISTI MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7957	GALLARDO ARMENDARIZ PAMELA VIRIDIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7958	FERNANDEZ FRESCAS MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7959	SEVILLA GOMEZ MARCELA ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7960	LUEVANO JAQUEZ MARCELA SOFHIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7961	QUEZADA GABALDON MARCIA AISHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7962	SALAZAR LUJAN MARCINERETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7963	BERNAL FIGUEROA MARCO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7964	VARGAS HERNANDEZ PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7965	BERNAL FIGUEROA MARCO ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7966	MARTINEZ GARCIA MARCO ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7967	MATA ORTEGA MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7968	FAVELA URANGA MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7969	GALLEGOS GARDEA MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7970	MARTINEZ MENDOZA MARCO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7971	BURCIAGA AGUILAR RICARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7972	SAENZ CHAVEZ RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7973	MARTINEZ AGUILAR PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7974	PANDO SANCHEZ MARCO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7975	CUEVAS VILLANUEVA MARCO AURELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7976	CASTILLO JAIDAR PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7977	CHANES MORA PAOLA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
7978	OROZCO MENDOZA MARCO HIRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7979	LOYA FLORES MARCOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7980	BAEZA TORRES MARCOS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7981	GONZALEZ MACIAS MARCOS LEONEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7982	RODRIGUEZ REYES MARCOS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7983	FIERRO BUSTILLOS MARELY ARALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7984	SANCHEZ PAYAN PAOLA MICHELLE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7985	PADILLA JUAREZ PAOLA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7986	LOPEZ MUÑOZ MARELY NAYEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7987	ORTIZ SILVA MARGARET NICOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7988	SILVA TORRES MARGARITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7989	FERRA SANTIESTEBAN PAOLA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7990	VALENZUELA CASTRO PAOLA LETICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7991	DIAZ REVILLA MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7992	CARRASCO OCHOA PAOLA POLETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7993	MARQUEZ TORRES MARIA ADAMARIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7994	VENZOR ALONSO MARIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7995	DELGADO ACOSTA MARIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7996	DELVAL NEVAREZ MARIA ANEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7997	SILVA AVITIA MARIA ANGELICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7998	CERVANTES CASTILLO MARIA ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
7999	CARLOS CARDENAS MARIA CATALINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8000	ORPINEDA VEGA MARIA CLARISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8001	CABRERA DURAN MARIA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8002	SANTELLANO NAJERA MARIA DE JESUS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8003	LOERA GARCIA MARICELA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8004	EUFRACIO ESTRADA MARIA DEL CIELO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8005	CARRILLO GONZALEZ MARIA DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8006	OCHOA BUSTILLOS MARIA DENISSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8007	NAVARRO PAEZ MARIA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8008	AGUILAR PARTIDA MARIA EMILIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8009	GUAJARDO DURAN PAOLA SARAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8010	LOPEZ CAMPOS MARIA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8011	FARIAS PEREZ MARIA ESTHER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8012	HERNANDEZ HERMOSILLO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8013	RENTERIA CARRASCO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8014	PEREZ MARIN PAOLA VANESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8015	ALVARADO JAQUEZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8016	AMADOR RAMIREZ PAOLA YAMILETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8017	CARREON NAVARRETE MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8018	CORTINAS MARTINEZ MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8019	HERRERA GOMEZ PATRICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8020	NERI LOZANO RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8021	MATA FRANCO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8022	LOZOYA MUÑOZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8023	DUARTE ORTEGA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8024	OLAGUE NEVAREZ PATRICIA ESMERALDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8025	OCHOA LARA RICARDO ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8026	DURAN SALAS MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8027	CARRILLO HERNANDEZ RICARDO ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8028	GONZALEZ ARVIZU MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8029	BANDERAS TORRES MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8030	SANDOVAL VILLEGAS MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8031	MONTES NAVARRO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8032	ILIZALITURRI MENDOZA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8033	RAMIREZ GARCIA RICARDO ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8034	ORTEGA VAZQUEZ RICARDO DANIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8035	RODRIGUEZ TREVIZO PATRICIA INES	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8036	MARQUEZ RODRIGUEZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8037	VENZOR DAVILA PATRICIA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8038	HERNANDEZ LOZOYA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8039	DIMAS MORENO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8040	FERNANDEZ PEREZ PATRICIA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8041	JUAREZ MUÑIZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8042	ESPARZA CHAVEZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8043	MENDOZA MENDOZA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8044	HERNANDEZ VALDEZ PAUL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8045	NEVAREZ RODRIGUEZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8046	CARMONA CEDILLO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8047	PEREZ TARIN RICARDO MARINO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8048	ROJAS URANGA PAUL FEDERICO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8049	PONCE NEVAREZ MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8050	MORALES HERRERA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8051	ORTEGA MENDOZA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8052	SAENZ RAMOS MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8053	RIVAS SANCHEZ VERIN SEBASTIAN EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8054	AVILA HERNANDEZ RICARDO VALENTIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8055	PRETALIA DIAZ ROBERTO ABRAHAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8056	CERVANTES MORA MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8057	RODRIGUEZ ARVIZO MARIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8058	GONZALEZ GIL MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8059	BOLIVAR SALAS ROBERTO ALEJANDRO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8060	CORTES DURAN MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8061	GONZALEZ RAMIREZ RICARDO ALONSO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8062	BURROLA CRUZ MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8063	VALLES REYES MARIA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8064	SAMANIEGO MUÑIZ MARIA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8065	HOLGUIN LINARES MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8066	DOMINGUEZ GONZALEZ MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8067	LOPEZ VILLANUEVA MARIA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8068	BEJARANO FIERRO MARIA GABRIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8069	PRADO PANTOJA ROBERTO EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8070	JACOBO MORALES MARIA GABRIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8071	MUÑOZ SANTANA PAUL OCTAVIO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8072	NORIEGA ROBLES PAUL ROBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8073	GARCIA RUVALCABA MARIA GUADALUPE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS
Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8074	OCHOA MADRID ROBERTO JIHAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8075	CHAVEZ GALINDO MARIA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8076	HERNANDEZ MELENDEZ MARIA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8077	FRIAS DUARTE MARIA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8078	CHAVIRA REAZA MARIA JIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8079	CARRASCO CEPEDA MARIA JOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8080	CASTILLO CARRASCO MAVY	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8081	PALOMINO MOLINAR MARIA JOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8082	RICO CONCHA MONSERRAT	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8083	ROMERO VAZQUEZ MARIA JOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8084	CASAVANTES OCHOA MARIA KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8085	TERRAZAS CORRALES MARIA LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8086	MARTINEZ AGUIRRE MARIA LUISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8087	NUÑEZ CHAVARRIA PAULA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8088	VECINO ARIAS MARIA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8089	ROACHO PICON MARIA MAGDALENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8090	CANO MANCHA MARIA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8091	LECHUGA SALINAS PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8092	ELIZONDO SEPULVEDA MARIA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8093	FLORES DELGADO MARIA PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8094	LARA GONZALEZ PAULINA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8095	QUINTANA GARDEA PAULINA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8096	CALDERON MACIAS PAULINA ANDREA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8097	LOZANO VAZQUEZ MARIA SAMANTHA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8098	VAZQUEZ FLORES MARIA SIBONEY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8099	DE LA RIVA ORTEGA MARIA VANESSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8100	TELLEZ PACHECO MARIA YESENIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8101	CARO CEBALLOS MARIALY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8102	PEINADO GARCIA MARIAM JUDITH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8103	SOTO RODARTE MARIAM KARMIN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8104	ACOSTA MARTINEZ MARIAN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8105	MORENO GONZALEZ MARIAN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8106	MENDOZA FIGUEROA MARIAN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8107	BUSTILLOS SOSA MARIAN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8108	MENDEZ ZUBIATE PAULINA ARACELY	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8109	DE LA ROSA FLORES PAULINA FERNANDA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8110	ALARCON VENEGAS MARIAN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8111	MARQUEZ ESTRADA MARIAN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8112	LUGO VALDEZ MARIAN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8113	MACIEL GUTIERREZ MARIAN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8114	MENDOZA MACIAS MARIAN ALEXA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8115	RIVERO ROMERO ROCIO FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8116	LAGOS DIAZ MARIAN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8117	GARCIA GARCIA MARIAN GISSELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8118	GONZALEZ DOMINGUEZ MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8119	ORTIZ BENCOMO PABLO JAVIER	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8120	DE LA GARZA AVITIA RICARDO ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8121	SOTO VILLARREAL PAULO ROGELIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8122	LEAL AYALA RICARDO NOE	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8123	CASTILLO NEVAREZ PAOLA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8124	LABRADO CHACON MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8125	LARA DURAN PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8126	OLIVERA CHAVEZ MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8127	ESPINOZA MIRANDA RODRIGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8128	SANCHEZ DOMINGUEZ MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8129	SANTACRUZ FLORES PEDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8130	QUEZADA RAMOS MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8131	MAR DURAN MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8132	CANDIA PEREZ MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8133	CHAVIRA GRAJEDA PEDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia								
		Día Mes Año								
8134	MENDOZA ARMENDARIZ MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8135	ALCANTAR PERALTA PEDRO DAMIAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8136	CHAVEZ GALLEGOS MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8137	BAEZA BAEZA MARIZA ILIANA	48 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8138	CHAVEZ TAMAYO MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8139	GOMEZ ONTIVEROS MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8140	RAMOS ARZABALA MARIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8141	FABELA GARCIA MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8142	RAMOS BELTRAN MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8143	HERNANDEZ FLORES MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8144	SALCIDO CASTILLO RAQUEL	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8145	MELLENDEZ GARCIA MARIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8146	MACHUCA SILVEYRA MARIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8147	RASCON ALVAREZ MARIANA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8148	HERNANDEZ GONZALEZ MANUEL ANTONIO	37 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8149	MUÑOZ CERDA PEDRO DANIEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8150	GOMEZ RODRIGUEZ MARIANA ALEJANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8151	DORANTES ACOSTA PEDRO JESUS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8152	GOMEZ MONTAÑEZ MARIANA ANGELICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8153	RICO BENCOMO MARIANA HAYLIN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8154	MUÑOZ LOZANO MARIANA ISELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8155	SALAS RAMIREZ MARIANA ISELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8156	GARCIA NIETO PERLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8157	MENDEZ PORRAS MARIANA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8158	CALDERA BUSTILLOS MARIANA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8159	SANTIAGO PEREZ MARIANA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8160	MARQUEZ OROZCO RODRIGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8161	OAXACA RIOS PERLA CITLALIC	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8162	ONTIVEROS CATAÑO PERLA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8163	CARDENAS MONGE PERLA EVELYN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8164	MOLINA SOSA MARIANA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8165	RODRIGUEZ BURGE QUETZAL PULWAIYA	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8166	LOZANO ALONSO PRISCILA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8167	GONZALEZ JURADO RODRIGO ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8168	CERVANTES HERNANDEZ RAQUEL ELENA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8169	PAYAN FLORES MARIANA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8170	KAN RETANA MARIANA SALETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8171	RAMOS MEJIA MARIANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8172	MIRAMONTES VILLEGAS VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8173	GARDEA QUEZADA RITA CELINA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8174	JIMENEZ NIEBLAS MARIANO RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8175	ACOSTA CASTILLO PERLA REBECA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8176	GOMEZ PAYAN PERLA RUBI	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8177	ENRIQUEZ PIÑON ADRIANA IVONNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8178	QUEZADA GARCIA MARIBEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8179	GALINDO CASTRO MARIBEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8180	CERECERES AGUIRRE MARIE ASTRID	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8181	SOTO BAILON MARIEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8182	GUTIERREZ CANTU PAOLA ALEJANDRA	32 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8183	AZCARATE BACA MARIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8184	MAGALLANES BUSTAMANTE MARIA LUISA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8185	ENRIQUEZ MURUATO NATALIA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8186	LOPEZ PONCE ADRIANA IVONNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8187	TOVALI HERNANDEZ MARIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8188	ALMEIDA SOTELO ADALBERTO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8189	PUESTES HERNANDEZ MARISSA	29 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8190	RAMIREZ GONZALEZ PERLA YESSENIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8191	HERNANDEZ HERNANDEZ FERNANDA PAOLA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8192	MOLINA PEREZ MARIELA ODALIS	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8193	VASQUEZ URBINA ISRAEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8194	VILLANUEVA SALCIDO ADRIANA JANETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8195	HERRERA GARDEA ROCIO	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8196	RONDON MACIAS MAYLIN	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8197	CHAPARRO SOTO MARIELA SUSANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8198	HERNANDEZ RODRIGUEZ EVER ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8199	SALCIDO LEDESMA MARIANA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8200	OLIVAS ALVAREZ JAIME ADAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8201	FUENTES MARTINEZ PEDRO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8202	RIVAS LOZANO MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8203	ALVAREZ MORALES PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8204	FIERRO CHAVEZ PRISCILA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8205	GARCIA DORADO YANALTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8206	VEGA LOPEZ MANUEL JESUS	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8207	ROMERO GALAVIZ ROSALBA GABRIELA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8208	ORONA GONZALEZ MAYRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8209	MORALES ESTEBAN SARA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8210	SOLIS ROBLES ADAMARI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8211	VILLALOBOS MARES PRISCILA AIME	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8212	HERNANDEZ LUCERO PRISCILA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8213	RODRIGUEZ ARZATE MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8214	MENDEZ RODRIGUEZ FATIMA AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8215	MILLAN PRIETO SARAI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8216	QUEZADA AVIÑA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8217	ORTEGA CANO ADRIANA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8218	ALCALA GUILLEN ADRIANA KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8219	MORAN DUARTE ADOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8220	ASCENCIO RUIZ LUISA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8221	MARQUEZ TREJO LEONARDO ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8222	SEPULVEDA SANCHEZ INGRID ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8223	VARELA TREVIZO DAVID ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8224	BECERRIL ZACARIAS MAYRA JUDITH	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8225	PAREDES GONZALEZ MARIO AGUSTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8226	ARROYOS MARQUEZ SABRINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8227	BALDERRAMA CHAVEZ SERGIO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8228	CARO VILLARINO JORGE EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8229	CHAVEZ SOTO ERNESTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8230	DAGDUG SOTO ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8231	DURAN CANO JESUS ALFREDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8232	ELIZONDO SEPULVEDA ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8233	GARCIA JIMENEZ HUGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8234	HERNANDEZ GARCIA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8235	RAMIREZ BACA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8236	VALLES RAMIREZ HAROLDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8237	CHAVARRIA FRANCO MARIAN JAZIVE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8238	CALDERON ESTRADA KALED	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8239	OLVERA AGUILERA ADRIANA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8240	OLLIVIER VALENZUELA MARIO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8241	CUELLAR SIGALA MARIO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8242	MATAS CHAVEZ MARIO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8243	TREVIZO VELEZ RAUL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8244	OLAGUE VILLANUEVA RAUL ANTONIO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8245	GUTIERREZ MENDOZA MARCO ANTONIO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8246	ADRIANO GOMEZ PAOLA SUJEY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8247	SERNA SOLIS MARIO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8248	RUVALCABA MUÑOZ MARIO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8249	MEJIA CORRAL PAOLA YUZALET	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8250	ALMEIDA PEREZ MARIO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8251	CASTELLANOS SAENZ PAULINA ARELY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8252	PIÑON SALAZAR MARIO ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8253	BENITEZ GUERRERO MARIO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8254	ORTIZ CORONA ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8255	MONCAYO AVILA MARIO FABIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8256	RODRIGUEZ CASTAÑON ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8257	DE LA GARZA ESQUER MARIO HECTOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8258	RUVALCABA TORRES PRISCILA ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8259	ALVIDREZ GARCIA MARIO HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8260	IBARRA HINOJOS MARIO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8261	OLEA BATRES MARIO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8262	RAMIREZ ARGUELLO MARIO JESUS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8263	CORONA LEAL MARIO SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8264	GONZALEZ MATA MARISELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8265	PINEDA GOMEZ RODRIGO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8266	ESCALERA SIQUEIROS MARISI ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8267	RAMIREZ VILLAR MARISOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8268	TERRAZAS RICO PRISCILA ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8269	HERNANDEZ MOLINA PRISCILA VIANELL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8270	NUÑEZ MEDRANO RODRIGO URIEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8271	FACIO GUTIERREZ MARTHA RAQUEL	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8272	SOTELO FLORES MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8273	MARIN SOTO MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8274	REYES BARRENO QUETTZIA FABIOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8275	AGUIRRE IBAVE RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8276	OSORIO CASTORENA MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8277	CHAVEZ LOPEZ RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8278	ALMAZAN VELO RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8279	GUTIERREZ . MARISOL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8280	SANCHEZ BUENO RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8281	AMPARAN MONCAYO RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8282	HINOJOS AGUIRRE ROMAN ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8283	VALENCIA CARAVEO PEDRO ALONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8284	JUAREZ MORALES MARTIN	50	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8285	PEREZ SOTO MARISOL VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8286	OROZCO BALDERRAMA MARLEN AILIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8287	CAMACHO BALDERRAMA RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8288	RODRIGUEZ CASTILLO MARLENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8289	MIRAMONTES GRAJEDA MANUEL ADRIAN	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8290	OCHOA GALLEGOS MARLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8291	LEAL CADENA ROSA ELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8292	FLORES CORRAL RAUL ESTEBAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8293	BLANCO BALDERRAMA RAFAEL ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8294	MUÑOZ BARAJAS RAFAEL ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8295	ANCHONDO GARCIA RAI FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8296	PACHECO MANCINAS MARLENE ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8297	CHAVEZ SAENZ RAMIRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8298	AGUIRRE RAMOS MARLENNE LOURDES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8299	BOLIVAR JURADO ROSSY ESMERALDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8300	BARRAZA DUARTE MARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8301	HERMOSILLO VILLEGAS MARLON ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8302	MEZA PARRA MARTA EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8303	DOMINGUEZ DELGADO MAYRA	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8304	DE LA CRUZ RODRIGUEZ RAMON ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8305	GUTIERREZ ZAMARRON MARTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8306	LIRA DUEÑAS RAUL EDUARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8307	MORENO SANCHEZ RAMON DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8308	CASTILLO MUÑOZ MARTHA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8309	MARTINEZ PONCE MARCELA ADRIANA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8310	PARRA GONZALEZ MARTHA JOCABED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8311	RUIZ LAZOS PERLA GUADALUPE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8312	ORTEGA MORENO MARTHA PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8313	GUERRA VARGAS MARTHA RUBY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8314	SALAS NAVARRETE RAMON FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8315	HONORATO GONZALEZ ROBERTO ALFONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8316	CAMORLINGA VILLALOBOS ROBERTO ANDRE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8317	SAENZ NUÑEZ RAMON GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8318	MARTA ALVARADO RAMON ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8319	RODRIGUEZ RODRIGUEZ MARTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8320	BAYLON CARRERA RAMSES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8321	TORRES DOZAL ROBERTO ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8322	SILVA RAMOS MARTIN AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8323	RENTERIA PORRAS RAQUEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8324	PEREZ PEREZ MARTIN ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8325	ACOSTA TARANGO PERLA YAZMIN	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8326	ALMELA MENDOZA RUBEN ALEJANDRO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8327	URBINA DE LA VEGA MYRNA STEFANI	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8328	IZAGUIRRE CASTILLO PETRA VIRIDIANA	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8329	CHAPARRO YAÑEZ OSCAR	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8330	AYALA VILLALOBOS MARTIN ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8331	MENDEZ GARCIA MARTIN DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8332	MORALES MARTINEZ ROCIO DENISSE	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8333	ESTRADA CERECERES RAQUEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8334	AGUIRRE ARMENDARIZ MAXALY	41 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8335	TERAN TREJO MIGUEL ANGEL	48 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8336	GARCIA VALENCIA RUBEN ALEJANDRO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8337	ZAMORA VALERIO MARTIN EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8338	CHAVEZ GONZALEZ RAQUEL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8339	MONDRAGON SANCHEZ RAQUEL BERENICE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8340	ORTIZ GUERRERO MARTIN FRANCISCO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8341	GARDEA CANO MARTIN GERARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8342	MUÑOZ ARMENDARIZ MARTIN GILBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8343	OLOÑO VILLOTA RAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8344	CHAVIRA ARRAS MARVA YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8345	FERRER AGUILAR MARYANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8346	ACOSTA CRUZ OSCAR YOSIMAR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8347	FIERRO SOTO MARYJOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8348	GONZALEZ RODRIGUEZ MARYJOSE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8349	SANCHEZ CHAPARRO MARYORI IRENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8350	PRIETO GUZMAN MATILDE ERNESTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8351	CAÑEZ ROMERO RUBEN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8352	ENRIQUEZ DUARTE MAURA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8353	VAZQUEZ VERDUGO MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8354	LEDEZMA MORENO MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8355	TORRES CARMONA RUBEN OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8356	ZAMARRON ORDOÑEZ RAUL ADOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8357	GUTIERREZ CHAVEZ MYRTHA GISELA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8358	HOLGUIN LEZAMA MAURICIO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8359	PARRA TARIN MAYRA LUDIVINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8360	GRADO VARGAS RAUL ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8361	HERNANDEZ RIVERA RUTH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8362	GARCIA ESPEJEL MAURICIO ERICK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8363	ALVIDREZ ULATE MAURO EMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8364	CASTILLO CABRERA RAUL ISAI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8365	ESCOBAR HERNANDEZ MAURY CASSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8366	HERNANDEZ GARDEA MAXIMILIANO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8367	SANCHEZ MONTES RAYDESEL ARIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8368	COVIAN ARREDONDO RAYMUNDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8369	AGUILAR RODRIGUEZ MELINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8370	PALMA BEJARANO PRISCILA FERNANDA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8371	FALCONI MONTANA MAYRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8372	HERNANDEZ ALCALA MAYRA ANTONIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8373	MUÑOZ CABELLO RAYMUNDO ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8374	ZEA MENDOZA MAYRA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8375	CHAVIRA ARIAS ROCIO VIANEY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8376	MENA MONTALBO REBECA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8377	GALAVIZ ALVAREZ MAYRA KAREN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8378	BURGOS CANO REBECA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8379	LOPEZ ALVAREZ REBECA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8380	VALLES AVILA RODOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8381	DURAN URIAS MAYRA LETICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8382	MONTOYA SOLIS RODRIGO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8383	JURADO BEJARANO MARGARITA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8384	MARTINEZ MEJIA NANCY ADILENE	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8385	GUTIERREZ MOLINA RENEE CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8386	VALENZUELA CHACON MAYRA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8387	MOLINA RODRIGUEZ MAYRA SUJEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8388	CASTAÑON BAÑUELOS MAYRA VANESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8389	ARAIZA ALDERETE MELISSA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8390	PEREZ MURILLO MAYTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8391	ELICERIO RAMIREZ RAUL IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8392	ALVIDREZ DE LA TORRE REYNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8393	MEDEL MEJIA MAYTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8394	TARANGO RUIZ REYNA ARALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8395	MUÑOZ GUTIERREZ MAYTE FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8396	SIQUEIROS CARREON MICHELLE ESTEFANIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8397	PALOMARES QUIRARTE RUTH GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8398	JURADO DIAZ REBECA EDENI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8399	RUIZ FIERRO REYNA CAMILA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8400	BERMEJO ACOSTA MEDARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8401	RODRIGUEZ CHAPARRO SABINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8402	LORETO FUENTES REYNA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8403	MARTINEZ SEYFFERT RODRIGO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8404	CONTRERAS RIVERA MEGAN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8405	GARCIA GARIBAY RENE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8406	BUSTILLOS PONCE MELANIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8407	RAMOS DOMINGUEZ RODRIGO ISAAC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8408	LICEA SANCHEZ MELANIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8409	FAVELA RODRIGUEZ RHUAL YOVANY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8410	GARZA FRIAS RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8411	NOGAL ALTAMIRANO MELANIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8412	RIOS RENTERIA RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8413	RODRIGUEZ LARA RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8414	GUADARRAMA MEDINA NOEL FERNANDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8415	GONZALEZ ESPARZA MELANIE DANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8416	MENDOZA MENDOZA RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8417	CELIS GARCIA MELANIE YOLANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8418	LARES ESTRADA MELANY JOCELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8419	ORNELAS NUÑEZ MELAYDA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8420	DOMINGUEZ LARRAZOLO MELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8421	SOTO CASTILLO MELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8422	GAMEROS ORTA RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8423	AGUILAR GARCIA MELINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8424	CARRERA MORALES RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8425	LICON MEZA MELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8426	VALDEZ JUAREZ MELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8427	MORENO LARA REBECA JHOANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8428	GALARZA BELTRAN RAUL ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8429	BANDALA CALDERON SABRINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8430	DURAN CHAVARRIA MELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8431	ARANDA CASAS MELISA NATALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8432	HERNANDEZ CHACON ROGELIO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8433	SAENZ CABRERA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8434	NAVARRETE LONA RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8435	PALMA BOLIVAR REYDESEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8436	MUÑOZ CHACON MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8437	FALCONI MONTANA MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8438	VIESCA NEVAREZ ROGELIO EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8439	MOLINAR GUZMAN ROMAN GERARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8440	GARCIA MENDOZA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8441	CALLEROS MORALES MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8442	ARAMBULA RAMIREZ RICARDO AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8443	PEREZ LOZANO MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8444	DOMINGUEZ AVILA RICARDO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8445	NORMAND CARDOZA SABRINA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8446	CALDERON BEJARANO MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8447	BARRAZA ORRANTIA RICARDO ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8448	SIQUEIROS DAVILA RICARDO ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8449	RUIZ BAEZA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8450	GUADERRAMA ORTIZ ADRIANA YARENI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8451	MANQUERO AVELAR MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8452	MUÑOZ GUEVARA RICARDO ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8453	VELAZQUEZ CHAPARRO OTILIO ALBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8454	AVITIA CERECERES MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8455	RODRIGUEZ . MELISSA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8456	CAMARENA . MELISSA HASSEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8457	SALAZAR ANDUJO SAHIAN OLAF	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8458	ESPINOZA FLORES RICARDO DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8459	RODRIGUEZ ARRIAGA MELISSA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8460	SILVEYRA TORRES RICARDO ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8461	CASTILLO BAEZA RICARDO JOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8462	HOLGUIN SOLIS MELISSA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8463	MATA NEVAREZ RICARDO MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8464	ALVARADO CISNEROS ROMAN RODOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8465	GUERRERO VALDEZ MELLANIE GISELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8466	GOMEZ VAZQUEZ MERARI JULISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8467	JIMENEZ ORTIZ MERCEDES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8468	CRUZ FUENTES ROMARIO RAHI	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8469	RAMIREZ MARTINEZ ROSA ANGELICA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8470	SALCEDO FRIAS RICARDO ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8471	SIFUENTES HERNANDEZ MEREDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8472	TREJO RUIZ METZTLI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8473	HERNANDEZ SALAIS MICHEL VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8474	QUIÑONEZ SALAS RIGEL KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8475	PIÑON HERNANDEZ RIGOBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8476	VILLALOBOS CORRAL MICHELL TERESITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8477	ROMERO HUERTA RIGOBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8478	REZA DELGADO MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8479	CHAVIRA ROMERO MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8480	MERCADO VAZQUEZ MAYRA ROCIO	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8481	SALAZAR GALLEGOS RIGOBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8482	MARTINEZ ARZAGA MERCEDES AURELIO	57	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8483	CHAVEZ CORTAZAR ROSA SUSANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8484	HUIZAR ORDOÑEZ ROSALBA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8485	ORTIZ . MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8486	FILIDOR QUINTANA ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8487	VALDEZ GOMEZ ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8488	HERRERA HERNANDEZ NALLELY SARAHÍ	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8489	VILLADO BARRERA MICHELLE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8490	PRIETO CARRILLO ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8491	DELGADO GUERRERO ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8492	DUARTE SALAZU ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8493	VEGA MORALES MICHELLE ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8494	ROSAS HERNANDEZ ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8495	ORTEGA SANDOVAL MICHELLE ANAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8496	AYALA RUIZ ADRIANA YUZALET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8497	CAMPOS HINOJOS MARIA ALEJANDRA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8498	LOZANO ESQUIVEL MICHELLE BEATRIZ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8499	MARTINEZ MUÑOZ MICHELLE DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8500	MOLINA CHACON MICHELLE ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8501	HIDALGO RAMIREZ MICHELLE GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8502	DELGADO RAMOS MICHELLE ILEANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8503	ESQUEDA OLIVAS MICHELLE PRISCILLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8504	CALZADILLAS PIÑON MICHELLE ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8505	VAZQUEZ CHAVEZ MICHELLE SAMANTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8506	CARRILLO MACIAS SAID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8507	GUZMAN ARMENDARIZ ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8508	MONTES HERNANDEZ PAMELA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8509	GAMBOA CARBAJAL ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8510	ACOSTA RODRIGUEZ ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8511	GARCIA RODRIGUEZ SAIRA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8512	BARRIO HERNANDEZ MARIA LUCIA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8513	RODRIGUEZ LARA RUBEN ADRIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8514	ARCHILA HILERIO RICARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8515	NEYRA RODRIGUEZ MICHELLE VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8516	MORGA OLIVAS MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8517	ALDERETE LOERA ROBERTO JAIME	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8518	GARCIA GARCIA LA SIENRA SALMA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8519	FLORES ARMENDARIZ MIGUEL AGUSTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8520	GARCIA MARTINEZ MIGUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8521	LOMAS ALVARADO MARIA DE JESUS	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8522	JURADO CHACON ROBIN ISSAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8523	DOMINGUEZ MACIAS MIGUEL ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8524	ARRIETA PORTILLO MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8525	SERNA LEON SALMA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8526	GALINDO VALDOVINOS PAULINA MONSERRAT	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8527	SALMON RAMIREZ SALMA FERNANDA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8528	PEREZ LOPEZ MIRNA	48 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8529	MORALES PEREZ ROCIO	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8530	HERNANDEZ MIRAMONTES MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8531	GARCIA DUARTE MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8532	MOLINA GARCIA SALMA GISSEL	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8533	OCHOA ALMEIDA ROCIO	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8534	GUTIERREZ LOPEZ ROCIO	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8535	ORTEGA MARTINEZ MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8536	CASTAÑEDA DELGADO RICARDO EMMANUEL	25 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8537	TORRES ENRIQUEZ ROCIO	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8538	MONTAÑEZ MARQUEZ ROCIO ANDREA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8539	PRADO GUADIANA MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8540	ESPARZA JABALERA MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8541	ESPINOZA PAYAN SALMA SAMANTHA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8542	CORTINAS NEVAREZ MIGUEL ANGEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8543	JAQUEZ LOPEZ ROCIO ANGELICA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8544	OLIVAS BARRERA MIGUEL ANGEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8545	MORALES AVILA MIGUEL	30 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8546	ROBLES CASTAÑEDA MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8547	GOMEZ CORREA MORAYMA JOSEFINA	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8548	DEL VALLE GONZALEZ MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8549	NIEVES LOZANO MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8550	GUIGON CANSECO MIGUEL EDUARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8551	PALLARES ROMAN ROCIO LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8552	RAMOS ANDUJO RUBEN ELEAZAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8553	MARQUEZ ARIZPE RODOLFO ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8554	RAMIREZ PEREZ MARIO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8555	ACEVEDO ORTEGA SALVADOR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8556	FRAUSTO TORRES MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8557	ROVIROZA MARTINEZ MINERVA MICHELLE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8558	TERAN GUERRERO MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8559	LASTRA ROMO RODOLFO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8560	GARCIA SOSA MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8561	TELLEZ MORENO MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8562	HERRERA PORRAS MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8563	LOPEZ RODRIGUEZ RODOLFO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8564	RAMIREZ RAMIREZ MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8565	GUILLEN RUIZ RODRIGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8566	CHAVIRA FIERRO SALVADOR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8567	ACOSTA CARREÑO RAUL EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8568	MAR FERNANDEZ MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8569	TREVIÑO MEJIA BORJA RODRIGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8570	CARRERA MOLINAR RODRIGO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8571	OLIVARES MARQUEZ MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8572	TERRAZAS ARCE RODRIGO ELIAS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8573	MARTINEZ LUIS MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8574	DE LA ROSA ARVIZU PEDRO ANTONIO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8575	CONTRERAS CUEVAS RENE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8576	ARZAGA RAMIREZ MIGUEL ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8577	WONG SANTOS ROEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8578	SALAS FIERRO SALVADOR HORACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8579	QUEZADA GUZMAN ROGELIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8580	REGALADO PORRAS SALVADOR IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8581	GUTIERREZ SAINZ RICARDO ERNESTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8582	CANDIA JIMENEZ MIGUEL ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8583	CARBAJAL SANDOVAL ROMAN ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8584	DURAN GOMEZ MIGUEL ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8585	GRADO MATA ROSA ISELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8586	VILLALOBOS SAENZ ROSA LILIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8587	BUNSOW MARQUEZ ROSA MARIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8588	PALMA GUERRERO MIGUEL ARIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8589	GARFIO BARRAZA MIRNA CECILIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8590	LOPEZ GUERRA ROSSANA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8591	GONZALEZ INZUNZA ROXANA ELISA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8592	MENDOZA CAMACHO RUBEN FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8593	ORDOÑEZ LERMA MIGUEL BRYANT	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8594	NAJERA TORRES RUBEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8595	MARTINEZ SOTELO RUBEN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8596	AGUIRRE GONZALEZ RUBEN ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8597	SANCHEZ GONZALEZ MIGUEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8598	NEVAREZ BARAJAS MIGUEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8599	MUÑOZ LEVARIO SAMANTHA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8600	MUÑOZ VARELA RUBEN ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8601	PEREZ DIAZ NALLELI ZULEYMA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8602	TORRES LOPEZ RUBEN JAFET	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8603	SOSA QUEZADA PRISCILA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8604	MATAS BACA MIGUEL ANGEL	58	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8605	GARCIA BLANCO RUBEN LEONARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8606	CALDERON DELGADO MARIO ALBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8607	SANTOS CRUZ CONCEPCION	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8608	DOMINGUEZ HERNANDEZ MIGUEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8609	MORENO ACOSTA ADRIEL RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8610	ARZOLA ROSALES AHSLEY VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8611	MONRREAL LOYA AHTZIRI ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8612	ZUBIA RUIZ AIDE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8613	HERNANDEZ CARDONA SOCORRO DENIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8614	RIVAS HERNANDEZ AIDE JULIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8615	RODRIGUEZ RAMOS AIDEE ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8616	NUÑEZ VALENZUELA DAIRA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8617	ACOSTA HERRERA RUBEN RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8618	GALLEGOS HERRERA PRISCILA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8619	SALCIDO CASTILLO NATHIELY SARAHY	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8620	TORRES TERRAZAS PAUL ADRIAN	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8621	LOPEZ MENDIAS JORGE ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8622	OCON TALAMANTES AILED JOSELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8623	AYON GONZALEZ JORGE ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8624	CARBAJAL SERVIN RAIZA GRACIELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8625	RAMIREZ TOVAR SAMUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8626	SOSA ACOSTA MARIA DEL ROSARIO	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8627	SALINAS ROMERO AILIN ARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8628	ESPARZA MARTINEZ AILINNE ZAMYRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8629	VALDEZ TREJO AILYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8630	BAYLON RODRIGUEZ AILYN GRACIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8631	PARRA CASTILLO MIGUEL ELIAS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8632	TERRAZAS HERRERA AILYN JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8633	VILLANUEVA MATA AILYN KAYOKC	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8634	MONTES VILLEGAS AILYN YARETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8635	PARRA RODRIGUEZ MIGUEL JHOSEF	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8636	VILLALBA RODRIGUEZ RAUL EMMANUEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8637	GONZALEZ SOTO AIMEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8638	MARTINEZ MOLINA ADAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8639	ADAME VALENCIA MIGUEL OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8640	REYES PROSPERO AIMEE PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8641	NAJERA VILLESACA AIRAM PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8642	CASTILLO RIVERA AIRAM STEFANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8643	HERNANDEZ SAENZ ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8644	RUBIO CHAVEZ ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8645	SOTO GUZMAN RUBI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8646	CHACON ESQUEDA MARIO ALBERTO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8647	DIEGO RUBIO ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8648	MORENO RAMOS ALAN AMAURY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8649	GUTIERREZ VALENZUELA ALAN ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8650	CARRILLO ANAYA ALAN EDUARDC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8651	COSS MARQUEZ ADRIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8652	GARCIA MANCHA MIGUEL RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8653	MENDEZ SANTANA ALAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8654	TORRES REYES ALAN FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8655	GALLO GUERRERO ALAN FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8656	VIVANCO ESTRADA ALAN FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8657	OCHOA CANO ALAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8658	RODRIGUEZ LEAL RENE ADRIAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8659	MARTINEZ SOTELO ALAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8660	NIETO HERRERA REYNA GUADALUPE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8661	PARRA DOMINGUEZ ALAN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8662	GARAY DELGADO MIGUEL RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8663	SERNA ALVARADO ALAN GONZALO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8664	MORALES ARROYO RUBI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8665	ROBLEDO BURCIAGA ALAN GUADALUPE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8666	HERNANDEZ ALDAPE ALAN ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8667	GARCIA MOMACA ALAN JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8668	FRAGA SANMIGUEL RICARDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8669	MURUATO VAZQUEZ RUBI ALEXANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8670	SANCHEZ MUÑOZ ALAN NEFTALY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8671	BUSTILLOS RODRIGUEZ RUBI ESMERALDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8672	VALENZUELA MENDOZA ALAN RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8673	CONTRERAS DEL VAL ALAN RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8674	LOPEZ GUTIERREZ MIGUEL SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8675	ABREGO ANDAZOLA ALAN RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8676	CAMACHO MEDRANO MIGUEL ULISES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8677	HERNANDEZ SOTELO ALAN ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8678	ROMAN HERNANDEZ MILDRED LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8679	MORALES MARTINEZ ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8680	HERRERA CALDERON MILDRETH HORTENCIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8681	HERRERA LOPEZ RICARDO IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8682	PALACIOS VILLEZCAS MIREEL ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8683	CHAVEZ FIERRO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8684	CANO TALAMANTES ROBERTO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8685	TARANGO MELENDEZ ALBERTO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8686	MARTINEZ HERNANDEZ ALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8687	MALDONADO ACOSTA ALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8688	CENTENO CARRERA ROBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8689	NEVAREZ RAMIREZ MIREYA ABILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8690	URANGA MANZANO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8691	BAYLON AVILA ALDO GUSTAVO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8692	LOZANO ECHEVESTE ALDO HUMBERTO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8693	CERVANTES CERVANTES RUBI NAHOMI	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8694	RAY LOYA RUBI YAZMIN	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8695	MURILLO ACOSTA ALEAMSI MARIELA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8696	TURLEY GONZALEZ ALECS BRANDON	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8697	BANDA RUIZ ALEHLI ITZEL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8698	TINAJERO GUZMAN ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8699	VALLES RODRIGUEZ ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8700	RUIZ SAENZ ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8701	MOLINA CAMACHO MIRIAM	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8702	ACEVEDO HELO ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8703	PRIETO VALENZUELA ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8704	MANNINGS ESTRADA ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8705	IBARRA CONTRERAS ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8706	JAIME MELENDEZ ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8707	ALMAZAN VELO ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8708	TORRES VELASQUEZ MIRIAM	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8709	RODRIGUEZ GONZALEZ MIRIAM ADRIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8710	GARCIA MACIEL ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8711	TORRES SOLIS MIRIAM ALONDRA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8712	TREJO ALARCON ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8713	ESCOBAR MAGDALENO ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8714	GONZALEZ ESTRADA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8715	CHAVIRA QUINTANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8716	VILLALOBOS PAYAN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8717	LEDEZMA MATA MIRIAM ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8718	CRUZ JUAREZ MIRIAM ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8719	RASCON HINOJOSA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8720	GAYTAN QUIROZ ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8721	PALOS RODRIGUEZ ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8722	CARRASCO RIVERA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8723	GARZA GARCIA MARIA MERCEDES	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8724	GARCIA MELENDEZ ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8725	CHAVEZ RIVERA ALEJANDRA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8726	SORIA VALDEZ ALEJANDRA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8727	GAXIOLA ALVARADO ALEJANDRA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8728	FRIAS PALMA MIRIAM CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8729	GUTIERREZ BARRAZA ALEJANDRA INES	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8730	HERNANDEZ SANCHEZ ALEJANDRA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8731	CHAVEZ MENDOZA MIRIAM GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8732	MENDOZA OROZCO ALEJANDRA NACIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8733	CORNELIO GUTIERREZ ALEJANDRA SUGEI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8734	TORRES GONZALEZ MIRIAM LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8735	TAPIA MORA ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8736	PRECIADO LOZANO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8737	GONZALEZ VAZQUEZ ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8738	TORRES LOYA ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8739	CARRERA RUBIO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8740	RODRIGUEZ SANCHEZ ALEXA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8741	SIFUENTES LEDEZMA ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8742	MENDOZA TORRES ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8743	MASCORRO ROJO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8744	CASTRO MARTINEZ ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8745	GALLEGOS RASCON ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8746	POLANCO SAUCEDO MIRIAM MONSERRATH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8747	PONCE DE LEON TORRES ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8748	CHACON FLORES ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8749	ROMERO ORDOÑEZ ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8750	RAMOS MAGALLANES ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8751	PEREZ TREVIZO MIRIAM NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8752	ZAPATA CARDENAS ALEJANDRO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8753	RUIZ MEDINA ALEJANDRO ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8754	MARTINEZ NUÑEZ ALEJANDRO GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8755	RAMIREZ MERAZ ALEJANDRO ISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8756	SOSA GONZALEZ ALEJANDRO ITZAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8757	RODRIGUEZ CAMPOS AMERICA YAJSEEL	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8758	BRICEÑO HIDALGO ALEJANDRO URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8759	NAVARRETE TERRAZAS ALEX ERNESTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8760	MAPULA ESTRADA ALEX IMANOL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8761	LEON TORRES ALEX RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8762	CARRILLO FAJER ALEXA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8763	TERRONES RAMIREZ ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8764	CHAVEZ CASTILLO ALEXA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8765	CAMPUZANO FLORES ALEXA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8766	ARANDA PEÑA MIRIAM SARAHY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8767	CASTAÑON LOZOYA MIRLA MELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8768	SANCHEZ APODACA ALEXA IRAIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8769	OROZCO MARTINEZ ALEXA JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8770	PORTILLO MIRANDA ALEXA KARIME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8771	PEREZ VALERIANO ALEXA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8772	TREJO LOPEZ ALEXA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8773	TERRAZAS BORUNDA ALEXANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8774	LOYA JAQUEZ ALEXANDRA JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8775	RODRIGUEZ LOPEZ ALEXEI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8776	VARGAS RAMOS MIRNA NOELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8777	SAAVEDRA ALEMAN MIROSLAVA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8778	VELASCO DAVILA MISSAEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8779	MONTES LOPEZ ALEXIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8780	TREJO . MISTY ROSALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8781	ORTIZ CHAVEZ ALEXIA DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8782	MERAZ TAPIA ALEXIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8783	PARGA RASCON ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8784	RODRIGUEZ DOMINGUEZ ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8785	AGUILAR MATA ALEXIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8786	NAVARRETE TERRAZAS ALEXIS FABIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8787	CAMACHO MURILLO ALEXIS GUADALUPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8788	MOLINA ARZOLA MITCHELLE ARANZA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8789	GUILLEN ARREOLA ALEXIS SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8790	PICHARDO REYES ALEXIS ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8791	PORTILLO LONGORIA ALFA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8792	HERNANDEZ GONZALEZ ALFA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8793	RUIZ VALDEZ ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8794	GALINDO BURROLA MITZY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8795	RUIZ VALENZUELA MITZY LARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8796	RODRIGUEZ PULIDO ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8797	OSIO CHAVEZ ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8798	PORRAS OLIVAS ALFONSO EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8799	LOZOYA MENDOZA ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8800	CHAVEZ SEPULVEDA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8801	GARCIA MANRIQUEZ MITZY NICOLLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8802	ROSALES ROCHA ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8803	BATISTA FUENTES ALICIA DANAE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8804	ALVARADO CASTAÑO ALICIA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8805	GARCIA TORRES MIVIA YANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8806	SANCHEZ PALMA ALICIA YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8807	CEPEDA GALLEGOS ALICIA YARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8808	LEON BUTANDA ALINNE SCARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8809	DOMINGUEZ GAVIA NAYRO ISAAC	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8810	MONTES LOPEZ ALISON YANINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8811	HERNANDEZ CHAVEZ ALISTER UZIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8812	QUINTANA PACHECO ALLISON JESUS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8813	SALAZAR CASILLAS ALMA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8814	OLVERA PEREZ ALMA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8815	MARES DIAZ ALMA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8816	RUIZ ARRAS ALMA NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8817	DOMINGUEZ GRANADOS MIYUKI LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8818	BARRAZA BAUTISTA ROCIO CLOTILDE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8819	CHAVEZ CEBALLOS ALMA SOCORRO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8820	TORRES JIMENEZ ALMA YENELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8821	ARMENDARIZ ESPINOZA ALMA YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8822	MONTES PEREZ RUBI YUZALET	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8823	CAMACHO KATAJIRI ALMENDRA IDALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8824	LOPEZ RAMOS ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8825	RODRIGUEZ RIVERA ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8826	BURROLA SIGALA ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8827	MIRANDA CABRAL ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8828	SANDOVAL GALLEGOS ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8829	POSADAS HERRERO MOISES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8830	CORDOVA ORTIZ ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8831	GARCIA NAVAR ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8832	DE LA O VALDIVIEZO ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8833	PIÑON LOZOYA SANDRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8834	MARTINEZ SALAZAR ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8835	GUZMAN AYALA ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8836	BERENICE CANALES VILLALOBOS ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8837	BERENICE URANGA DURAN ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8838	ELIZABETH SALAZAR RANGEL ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8839	GERALDINE OROZCO BARRON ALONDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8840	IVETH GONZALEZ LUNA PERLA SUGEY	32 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8841	MUÑIZ MADARIAGA RUBI ALEJANDRA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
8842	CONTRERAS MEDINA ALONDRA JAHAIRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8843	ARGUELLES LEON ALONDRA JANETH	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8844	CARRILLO CARRILLO ALONDRA JOSE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8845	RASCON CRUZ ALONDRA KARIME	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8846	SUAREZ RASCON ALONDRA KARINA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8847	SAUCEDO FRANCO ALONDRA LEILANY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8848	NUÑEZ LEOS ALONDRA LIZBETH	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8849	RIOS ESCOBEDO ALONDRA LIZETH	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8850	GUERRERO HOLGUIN ALONDRA NOHEMY	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8851	GODOY AVILA ALONDRA PALOMA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8852	SOSA CASTILLO ALONDRA SUJEY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8853	FLORES TARANGO ALONDRA VIANEY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8854	OCHOA MARTINEZ ALONDRA VIRIDIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8855	OLIVOS AGUIÑAGA ALONDRA XIMENA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8856	GRADO GOMEZ ALONDRA YULEMY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8857	PEREZ OAXACA PRISCILLA IVONNE	32 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8858	SAMANIEGO FRANCO ALONSO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8859	FRAGOZA ROMERO ALONSO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8860	OROZCO RASCON ALONSO EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8861	FLORES JUAREZ MOISES ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8862	JAQUEZ GARCIA ALONSO MISAEAL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8863	DURAN BALDERRAMA ALVARO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8864	MORENO ENCISO ALVARO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8865	LUEVANO TAPIA ALVARO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8866	MERCADO PEREZ ALVARO ELOY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8867	LAGUERA PEREZ ALVARO JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8868	LEYVA MONTES AMANDA AZUCENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8869	SALCIDO SAENZ RUBY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8870	GONZALEZ ORTEGA AMERICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8871	PEREZ MOLINA AMERICA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8872	ARCINIEGA GONZALEZ AMERICA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8873	MIRANDA NUÑEZ MONICA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8874	RAMIREZ MONTES AMERICA FRANCELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8875	RASCON JUANEZ AMERICA FRANCELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8876	RASCON SANTANA SANDRA MINERVA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8877	RODRIGUEZ BARRAZA AMERICA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8878	QUEZADA ARREDONDO AMERICA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8879	ISLAS GINER AMERICA VERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8880	BALBUENA BAQUERA MONICA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8881	FAUSTO CARRILLO AMERICA VIANNEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8882	SAENZ BANDA AMI EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8883	HERNANDEZ GARCIA AMY ANALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8884	CALDERON PADILLA AMY DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8885	RUIZ QUIÑONES AMY PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8886	GUTIERREZ OCHOA AMY QUETZALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8887	VARELA HERNANDEZ ANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8888	RODRIGUEZ ARROYO ANA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8889	LOPEZ QUIÑONEZ MONICA GISEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8890	AYALA AGUIRRE ANA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8891	SANCHEZ JURADO MONICA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8892	HOLGUIN CORDERO ANA CLAUDIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8893	MONTES CANO RUBY AZARETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8894	FLORES OLSON ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8895	GARCIA BAEZ ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8896	GONZALEZ SANCHEZ MONICA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8897	CHAVEZ GAMEROS ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8898	CHAVEZ COSS ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8899	MONARREZ HERNANDEZ RUTH ABIGAIL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8900	SILVA CONTRERAS ANA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8901	RASCON SANCHEZ MONICA LORENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8902	LUJAN AGUIRRE RODOLFO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8903	CARMONA RODELAS RUTH ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8904	QUIÑONES BUENA ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8905	RAMOS CARBAJAL MONICA MARLENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8906	PAYAN GASCA ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8907	VILLATORO OCHOA MONICA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8908	OCHOA PEREZ SANDRA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8909	GARCIA BAÑUELAS ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8910	MURO QUEZADA ANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8911	JOANNIS TARANGO ANA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8912	CORRAL GONZALEZ RUTH ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8913	BARRAZA RAMOS ANA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8914	PEREZ SERNA ANA ELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8915	DOMINGUEZ CHAPARRO ANA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8916	CHACON DIAZ ANA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8917	AVENA VEGA ANA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
8918	SANDOVAL SANDOVAL ANA ILSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8919	RICO RODRIGUEZ ANA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8920	ALVAREZ PEREA ANA JOSELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8921	GRADO RUBIO MONTSERRAT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8922	GONZALEZ HERNANDEZ ANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8923	FIERRO LEYVA ANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8924	GARCIA CHAVEZ ANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8925	GONZALEZ FRAIRE ANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8926	CASTRO RUIZ ANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8927	FRANCO CARRERA ANA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8928	HERRERA GARCIA MONTSERRAT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8929	PEREZ REYES ANA KARLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8930	PEREZ HINOJOSA MONTSERRAT KRISTEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8931	ESTEVANE TAPIA ANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8932	PEREZ GUTIERREZ ANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8933	TORRES CAMPOS ANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8934	MARIN SAUCEDA ANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8935	PEREZ RUIZ RUTH SARAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8936	ALMANZA DIAZ ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8937	RIOS RAMOS ANA LORENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8938	TERRAZAS CAMPUZANO ANA LUCIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8939	BUSTILLOS CAMACHO ANA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8940	LUJAN RAMIREZ ANA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8941	PEREZ SANCHEZ ANA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8942	MORENO VEGA ANA LUZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8943	GARCIA ESPINOZA ANA MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8944	DELGADO ALCALA ANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8945	MENDOZA CARBAJAL ANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8946	MARTINEZ GUTIERREZ ANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8947	VILLAGRAN MONTES ANA MARIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8948	ORTIZ RUIZ ANA MARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8949	SUAREZ DE LUCIO ANA NOHEMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8950	ZABRE PACHECO ANA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8951	ALCANTAR ARENIVAR ANA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8952	ELIZONDO SEPULVEDA MYRIAM GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8953	MEDINA ANCHONDO ANA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8954	TERRAZAS VILLANUEVA ANA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8955	NAVARRO FRAYRE ANA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8956	OLIVAS PORTILLO ANA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8957	BARRAZA ORDAZ ANA PAULA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8958	CASTRO REYES ANA PAULA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8959	MONARREZ GARCIA ANA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8960	DOMINGUEZ LEYVA ANA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8961	CABALLERO MEDINA MYRIAM PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
8962	HOLGUIN FIGUEROA ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8963	CARRILLO MARTINEZ ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8964	PIÑON ARIAS MYRNA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8965	SEGOVIANO CARRASCO ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8966	GARCIA LICON ANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8967	DUARTE LUEVANO ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8968	CORRAL BEJAR ANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8969	VILLALOBOS VALLES ANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8970	CARMONA CABALLERO SABRINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8971	LOZOYA ORTIZ SANDRA PAOLA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8972	REGALADO LOPEZ MYRNA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8973	GONZALEZ CARREON ANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8974	BAYLON SOLIS ANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8975	GANDARA HERNANDEZ ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8976	ZUCCOLOTTO PACHECO SANTOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8977	RAMOS LICON ANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8978	DELGADO TREJO ANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8979	VENZOR SALCIDO NADIA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8980	ANDRADE MEDINA ANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8981	CASTILLO GARDEA ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8982	SCOTT MAYNEZ ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
8983	MARTINEZ PEREZ MIRIAM ELIZABETH	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
8984	GONZALEZ RONQUILLO ANA YARETZI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8985	VAZQUEZ MARTINEZ ANA YAZMIN	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8986	BLANCO BALLESTEROS ANAHI JOHANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8987	RENTERIA MORALES ANALY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8988	ROSAS MANZANERA ANA CRISTINA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8989	PEREZ BEDOY ANALY SARAHI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8990	MELLENDEZ MURO ANARELI	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8991	HINOJOS IBARRA ANAYENSI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8992	ARMENDARIZ ECHEVERRIA ANAYENZY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8993	MARTINEZ OLIVAS ANDRE CAROLINA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8994	CISNEROS VALDEZ ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8995	VAQUERA ORTIZ ANDREA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8996	PONCE SAUCEDO ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8997	GARCIA AYALA ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8998	ENRIQUEZ SAENZ ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
8999	MUÑOZ CHAVEZ ADAN HUMBERTO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9000	MALDONADO GUADERRAMA ANDREA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9001	ROMERO RAMOS ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9002	PEREZ NAVARRETE ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9003	RASCON CASTILLO ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9004	CARDENAS SALAS ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9005	VAZQUEZ PIÑON ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9006	QUEZADA OJEDA NADIA NICOLE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9007	GARCIA . ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9008	IBARRA MOLINAR ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9009	MEDINA MACIAS ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9010	HUITIMEA VEGA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9011	LERMA JURADO ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9012	VALDEZ CORRAL ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9013	MELLENDEZ MALDONADO ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9014	DURAN OLIVAS ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9015	HERNANDEZ AZUA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9016	HERNANDEZ PEREZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9017	TARANGO JIMENEZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9018	SANCHEZ GRIJALVA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9019	HERRERA CANO ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9020	NORIZ RAMIREZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9021	PEREZ MIRAMONTES ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9022	CARO JIMENEZ ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9023	MUNGUIA HERNANDEZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9024	ESCARCEGA ORTIZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9025	MIRAMONTES LOPEZ SARA ALELI	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9026	BAEZA ALVAREZ ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9027	CALDERON ENRIQUEZ ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9028	VALDEZ JARA NADIA ZULEMA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9029	HERNANDEZ BAQUERA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9030	GUTIERREZ JURADO ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9031	VELDERRAIN ARMENDARIZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9032	VAZQUEZ CARRERA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9033	FLORES MATAS ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9034	CORDERO PARRA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9035	PEREA SAGARNAGA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9036	GARCIA REYES ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9037	ACOSTA ANDRADE ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9038	RODRIGUEZ RIVERA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9039	TORRES PEREZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9040	SALGADO CONTRERAS NAHOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9041	OCHOA REALYVAZQUEZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9042	MARIN DIAZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9043	MAJALCA HERNANDEZ ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9044	SOTELO LORENZANA ANDREA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9045	CERECERES RODRIGUEZ NAHOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9046	NAVARRETE TARIN ANDREA ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9047	GONZALEZ PRIETO ANDREA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9048	RAMIREZ MEZA ANDREA AREDIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9049	MARQUEZ PEREZ ANDREA ARILENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9050	TREJO MANRIQUEZ ANDREA CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9051	CISNEROS MORALES NAHUM	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9052	VALDEZ GONZALEZ ANDREA DAENA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9053	PEINADO HINOSTROZA ANDREA DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9054	OLIVARES CASTILLO ANDREA DENISSE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9055	NAVA JUAREZ ANDREA FABIOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9056	RUIZ MUÑOZ ANDREA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9057	AGUILERA MAYNEZ ANDREA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9058	GANDARA DIAZ ANDREA GABRIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9059	MAYOR GONZALEZ ANDREA GEORGINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9060	TOBON RUBIO NANCY	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9061	VALDEZ LOYA ANDREA GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9062	RODRIGUEZ RAMIREZ ANDREA GUADALUPE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9063	VILLALOBOS SOLTERO ANDREA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9064	HURTADO COLON ANDREA ISABEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9065	GAMEZ RUIZ ANDREA ITZIAR	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9066	LUNA MARTINEZ ANDREA IVONNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9067	MUÑOZ HUERTA ANDREA JASSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9068	TORRES BAQUERA ANDREA JOSELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9069	LIMAS PEÑA ANDREA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9070	GONZALEZ GONZALEZ ANDREA KRISTYNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9071	RIVERA RODRIGUEZ SAIRA JARED	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9072	GOMEZ PEDROZA ANDREA LETICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9073	FRANCO LOYA ANDREA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9074	BATISTA DELGADO ANDREA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9075	RAMIREZ CARREON ANDREA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9076	DE LOS RIOS CENICEROS ANDREA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9077	PERALTA OGAZ ANDREA MIRELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9078	AVILA RODRIGUEZ ANDREA MORAYMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9079	RAMIREZ CISNEROS ANDREA NAYELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9080	ORNELAS ZURA ANDREA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9081	DAVILA GONZALEZ ANDREA PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9082	PARRA GONZALEZ ANDREA SARAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9083	GONZALEZ ANGEL ANDREA SCARLETT	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9084	YAÑEZ NUÑEZ ANDREA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9085	MENDOZA CHAVEZ ANDREA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9086	MARTINEZ VILLA ANDREA TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9087	PORTILLO MANJARREZ ANDREA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9088	MARES ESTALA ANDREA YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9089	CASTAÑON RODRIGUEZ ANDREA YAREZDI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9090	ROSALES SALAZAR ANDREA YEDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9091	VALVERDE TINTORI ANDREA YOSANI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9092	YAÑEZ GALVAN ANDREA YOSELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9093	NAVARRO MARTINEZ ANDREA YOZCELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9094	ENRIQUEZ OROZCO ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9095	ROMERO RAMOS ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9096	LUJAN PADRON SALMA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9097	QUINTANA ZACARIAS ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9098	RUIZ LEIJA ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9099	FLORES LECHUGA ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9100	ROBLES GARCIA NANCY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9101	CORONA ARMENDARIZ ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9102	DELGADO TALLAVAS ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9103	SALDIVAR MARQUEZ NANCY ARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9104	ARELLANO VERDUGO SARA NATALIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9105	TORRES BELTRAN NUBIA GUADALUPE	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9106	FIERRO SERNA ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9107	FLOTTE CORRAL ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9108	ARMENDARIZ VILLALOBOS SALMA PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9109	LOYA GUTIERREZ ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9110	VILLALBA GARCIA ANDRES ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9111	MAGDALENO MENDOZA ANDRES ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9112	ESCALERA PEÑA ANDRES ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9113	LARA JIMENEZ ANDRES EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9114	OCHOA GARCIA ANDRES ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9115	CORTEZ RAMIREZ ANDRES HIGINIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9116	MARTINEZ CAMPOS ANDRES MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9117	LOZANO MURUATO ANEL SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9118	YAÑEZ BLANCO ANEL YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9119	CHAVEZ AGUILAR RUTH NOEMI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9120	MARIN ESCARCEGA NANCY GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9121	FLORES RODRIGUEZ RAFAEL ALEJANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9122	MARTINEZ MORENO ANET GIOVANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9123	ULATE AVILA ANETTE CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9124	JIMENEZ CHAVEZ ANETTE YARITZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9125	MARTINEZ MORALES ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9126	PEREZ RUIZ ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9127	MORALES RODRIGUEZ ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9128	PEREZ VILLARREAL ANGEL ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9129	ALCANTAR ESPARZA SARA REBECA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9130	MESTA MUELA NANCY GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9131	COSS MARQUEZ ANGEL AGUSTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9132	CAMPOS PARRA ANGEL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9133	BOJORQUEZ PIMENTEL ANGEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9134	URIBE SANCHEZ ANGEL DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9135	MUÑOZ AGUIRRE ANGEL DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9136	PEÑA SILVA ANGEL DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9137	ALMODOVAR HERRERA ANGEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9138	RAMOS ALVARADO ANGEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9139	SILVA AVIÑA MARIA ALETHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9140	ALVIDREZ VALDENE RAMIRO ANTONIO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9141	GAYTAN CALDERON ANGEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9142	ROBLES LEYVA ANGEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9143	HERNANDEZ GARCIA ANGEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9144	LOPEZ ACOSTA ANGEL ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9145	LOYA HERNANDEZ NANCY AIDE	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9146	LOYA GARCIA ANGEL ESTEBAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9147	PLASCENCIA MORALES ANGEL FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9148	RAMIREZ ROBLES ANGEL GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9149	RAMOS VARELA RODRIGO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9150	NOGUEIRA GONZALEZ ANGEL GUSTAVO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9151	CARRASCO HIDALGO ANGEL JAZAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9152	GALLEGOS ESTRADA ANGEL JOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9153	MARTINEZ VILCHIS ANGEL RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9154	ORDUÑO CEBALLOS ANGEL RAZIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9155	BONILLA ARGUELLO RODRIGO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9156	SALAZAR FLORES NANCY LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9157	CASTORENA DANIEL ANGEL ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9158	AGUIRRE IRIGOYEN ANGEL SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9159	CASILLAS ROMERO RAUL RIGOBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9160	BUJAI DAR CHAVEZ ANGEL SELIMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9161	ELIZALDE FIERRO SARAHÍ GENESIS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9162	AGUIRRE RODRIGUEZ ANGEL URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9163	HEREDIA PORTILLO ANGELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9164	PIÑÓN CARRILLO ANGELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9165	MOLINA SAENZ MIREYA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9166	ESCARCEGA DELGADO ANGELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9167	MORIEL HERNANDEZ ANGELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9168	CHAVEZ TORRES ANGELA AURORA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9169	MAGALLANES CORONA ANGELA CRISTAL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9170	SANCHEZ ARELLANO ANGELA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9171	BAEZ ROMERO ANGELA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9172	TOLEDO PIMENTEL ANGELA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9173	TORRES TORRES ANGELA LUCIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9174	VAZQUEZ ESTRADA ANGELA MAYTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9175	CAMPOS GONZALEZ ANGELA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9176	MARTINEZ RIVERA ANGELA YAMILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9177	GONZALEZ VARELA ANGELES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9178	MARTINEZ PEREZ ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9179	JURADO RAMIREZ ANGELICA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9180	PADILLA CASTILLO ANGELICA CITLALLI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9181	ZUBIATE CERVANTES ANGELICA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9182	NUÑEZ CHAVEZ ANGELICA IDALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9183	MONTAÑEZ ROMERO ANGELICA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9184	PORRAS ARREDONDO ANGELICA JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9185	LIRA HERNANDEZ ANGELICA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9186	ACOSTA SAMANIEGO ANGELICA NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9187	VALENZUELA GONZALEZ RAMON ARISDEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9188	HERNANDEZ BUSTILLOS NANCY MICHEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9189	TORRES ANCHONDO ANGELICA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9190	MENDOZA NEVAREZ ANGELICA YAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9191	GUTIERREZ ENRIQUEZ ANHEL VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9192	ACOSTA HERNANDEZ ANNA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9193	TARIN GARCIA ANNA KEREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9194	CERVANTES GUERECAS ANNA PAULA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9195	MARTINEZ ENRIQUEZ ANNA PAULA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9196	RIVERA OROZCO ANNA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9197	LOPEZ RAMIREZ ANNEL JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9198	SILVA HIDALGO ANNEL MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9199	BALDERRAMA CHACON ANTELMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9200	ARMENDARIZ CHACON ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9201	RUEDA AVILA ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9202	GARCIA GUERRERO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9203	SOMOZA VILLAGRAN ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9204	MARTINEZ CARRASCO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9205	RODRIGUEZ HERNANDEZ ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9206	SANCHEZ DOMINGUEZ ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9207	VILLEGAS GONZALEZ ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9208	SALAZAR CASTELLANOS ANTONIO ESDRAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9209	MENDIAS VILLALOBOS ANYELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	SARAHÍ									
9210	DOMINGUEZ ALMUINA ANYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ELIZABETH									
9211	TORRES CERRANO ARA SUGEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9212	DIAZ GONZALEZ SARAI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9213	PEREZ MELENDEZ ARACELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9214	VELAZQUEZ VILLALOBOS NANCY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	NAHOMI									
9215	ISLAS LOPEZ ARACELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9216	ORAMAS DELGADO ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9217	CHAVARRIA MUÑOZ NAOMI ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9218	MARTINEZ CISNEROS ARACELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ESMERALDA									
9219	GARCIA MENDOZA ARACELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	YUREM									
9220	LOPEZ LOEZA ARANZA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9221	QUIROZ ORDOÑEZ NAOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	JACQUELINE									
9222	ALVARADO LUNA ARATH OCTAVIC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9223	MIRANDA CONTRERAS ARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	BERENICE									
9224	TERRAZAS LOYA ARELI GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9225	RODRIGUEZ MEDRANO ANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	KAREN									
9226	LARA ANILES ARELI NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9227	CARDENAS GOMEZ NAOMY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	JOSEFINA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9228	GOMEZ PIÑERA ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9229	LOZANO ACOSTA ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9230	SANTANA LOPEZ ARELY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9231	TERRAZAS FONTES ARELY ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9232	HERNANDEZ REZA ARELY MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9233	ONTIVEROS RODRIGUEZ ARELY SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9234	PONCE PEREZ ARELYN ZARETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9235	SOTO DE LOS ANGELES ARI EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9236	ALVIDREZ MUÑIZ ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9237	LEYVA GONZALEZ ARIADNE SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9238	GARCES RODRIGUEZ ARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9239	ENRIQUEZ SALAZAR ARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9240	PARRA GAYTAN ARIANA FABIOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9241	URIBE MUÑOZ ARIANA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9242	GUTIERREZ MENDOZA ARIDEL EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9243	VARGAS PORTILLO ARIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9244	BARRAZA CORRALES ARIEL FABIOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9245	OCHOA SANCHEZ NARAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9246	GARCIA URITA ARITH MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9247	TRASVIÑA VALENZUELA ARLEN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9248	HERRERA ONTIVEROS ARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9249	MUÑOZ ALMANZA ARLETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9250	SANCHEZ VILLALOBOS ARLETH ALEXANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9251	TERRONES BARRAZA ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9252	CHAVEZ PEÑA ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9253	ALFARO CHOW NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9254	MORA VALLES ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9255	CARRAZCO AGUILERA ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9256	GUTIERREZ CAZARES ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9257	MACIAS ZAMORA NATALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9258	MOTA DUARTE ARMANDO ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9259	HINOJOS HERNANDEZ ARMIDA ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9260	REALYVAZQUEZ AVILA NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9261	ARMENDARIZ VILLOTA ARNOLDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9262	NUÑEZ GONZALEZ NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9263	GARAY GONZALES ARNOLDO PATRICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9264	PEREZ ANTILLON ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9265	SANCHEZ ESPINO ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9266	AGUIRRE MUÑOZ NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9267	VIVEROS HOLGUIN ARTURO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9268	COLUNGA HERRERA NATALIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9269	MARTINEZ TALAMANTES ARTURO AXEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9270	ARTALEJO CARRAZCO SARAI GUADALUPE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9271	CANO VALENZUELA ASHLEY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9272	TORRES DAVIDSON ASHLEY DOMINYCK	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9273	RICO GONZALEZ ASHLEY MELISSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9274	NUÑEZ GONZALEZ ASHLEY SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9275	BARRIENTOS RAMIREZ ASHLEYDOT CRUZ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9276	TALAVERA MADRID ASHLY ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9277	MORENO VALLES ASHLY ASAHI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9278	VILLEGAS MARQUEZ ASTRID ELISA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9279	ZUBIA ROMERO ASTRID STEPHANY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9280	BECERRIL BARRON ATZIYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9281	GUTIERREZ CONTRERAS AUDREY MARIANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9282	GONZALEZ DOMINGUEZ AURORA NAYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9283	MENDOZA PADILLA AUSTRIA SAILE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9284	GOMEZ GONZALEZ AVILIA VANESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9285	CANO ALMUINA SALMA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9286	BETANCOURT BONILLA AXA THAMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9287	RAMOS PEREZ AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9288	VILLALBA MARQUEZ AXEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9289	RIVAS GUILLEN AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9290	SOLORZANO GONZALEZ AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9291	RIVERA CALDERON AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9292	MENDOZA BARRON NATALIA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9293	MENDOZA MENDOZA AXEL ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9294	LUJAN LUJAN AXEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9295	GAYTAN GARCIA NATALIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9296	ALVARADO LUJAN AXEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9297	VALLE GUTIERREZ NATALIA IDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9298	LECHUGA GONZALEZ AXEL ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9299	GARCIA LOPEZ NATALIA IRENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9300	ACEVES CHAVEZ AXEL ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9301	GOMEZ MORALES AXEL DALI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9302	FLORES EGUIARTE AXEL ELIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9303	SALCIDO RAMOS NATALIA MARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9304	BAEZA TARANGO AXEL FABYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9305	ROMO ZUÑIGA AXEL FAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9306	BELTRAN DEL RIO RUEDA AXEL FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9307	CRUZ VEGA AXEL FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9308	RAMOS MORALES AXEL FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9309	GALLEGOS JIMENEZ AXEL JOAB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9310	SANCHEZ ESPINOZA AXEL JOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9311	ESQUIVEL MIRELES AXEL MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9312	GONZALEZ SAENZ AXEL ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9313	CAMARGO TARRIO AXEL ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9314	RAMIREZ LOERA AXEL YAIM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9315	ARMENDARIZ SAENZ AYERIM ALESI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9316	VALLES HERNANDEZ AYLA NAHIELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9317	ALTAMIRANO MORENO ANAHI IVETH	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9318	ARAGON LOPEZ AYLIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9319	ALFARO ROMERO AYLIN DANYTZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9320	JUAREZ VILLALOBOS SAUL AARON	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9321	QUIÑONEZ SALINAS NATALIA YAMIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9322	FUENTES DELGADO MIRNA PATRICIA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9323	RASCON ARZAGA AYLIN IVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9324	MERAZ CASTAÑÓN AYLIN MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9325	OVALLE MACIAS AYLIN VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9326	LEDEZMA RUIZ SALVADOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9327	MARQUEZ ARAIZA AYLIN VIVIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9328	PORTILLO LECHUGA AZUL NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9329	DOMINGUEZ HIJAR BALTAZAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9330	PONCE VARGAS BARBARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9331	VALDEZ LARA BEATRIZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9332	JIMENEZ RUIZ BEATRIZ JULIETA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9333	RODRIGUEZ GOMEZ BEATRIZ XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9334	GARCIA NUÑEZ BELEN ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9335	ZAMBRANO NOGAL BENJAMIN LORENZO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9336	HOLGUIN ALBO BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9337	MURILLO ORONA BERENICE AYDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9338	CONCHA FLORES BERNARDO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9339	DE LOS SANTOS PORRAS BERTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9340	FLORES CARBAJAL BERTHA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9341	AGUSTIN MALDONADO BETBIRAI LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9342	MERENDON TORRES BETSIEE ESLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9343	ANTILLON AGUAYO BETSY LISSETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9344	BONILLA SOTELO NATALY ARLETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9345	BAYRRUZ MARTINEZ BEVERLY ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9346	MENDOZA HERNANDEZ BEYRA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9347	MARTINEZ CRUZ BIANCA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9348	OLVEDO NEVAREZ BIANCA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9349	CRUZ HERRERA SALVADOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9350	FRESCAS DE LIRA BIANCA KARYME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9351	RIVERA MAGALLANES BIANCA MARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9352	BURCIAGA RUIZ NATALY EDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9353	GALLEGOS AGUILAR BIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9354	PEREZ BOCANEGRA BIANKA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9355	OROZCO LEONARDO BIBIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9356	MONTES NEVAREZ BISAEEL IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9357	RETA GUTIERREZ BLANCA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9358	PORTILLA MACIAS BLANCA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9359	ALICANO GONZALEZ BLANCA YOLANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9360	MARTEL LOPEZ BLANKA MICHELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9361	RUELAS TORRES BRANDON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9362	MONTOYA SANDOVAL BRANDON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9363	BELALCAZAR CARDONA BRANDON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9364	CASTAÑEDA MELENDEZ BRANDON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9365	MORALES GARCIA NATHALIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9366	GABALDON YAÑEZ BRANDON ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9367	HERNANDEZ JUAREZ BRANDON DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9368	LICON SAGARNAGA BRANDON JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9369	JIMENEZ GUTIERREZ BRANDON JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9370	CARRILLO ALVAREZ BRANDY JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9371	IRIGOYEN MENDOZA BRAULIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9372	RUBIO ROMERO BRAULIO IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9373	GAMEZ ZAPATA BRAULIO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9374	MARTINEZ ONTIVEROS NATHALY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9375	MARTINEZ RODRIGUEZ BRAYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9376	MARTA GARCIA BRAYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9377	ORTEGA ARMENDARIZ BRAYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9378	RODRIGUEZ CISNEROS BRAYAN ALEXANDER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9379	MELENDEZ ACOSTA BRAYAN ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9380	RODRIGUEZ GRIJALVA BRAYAN ARODY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9381	DIAZ GAITAN BRAYAN JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9382	OLIVAS JAVALERA BRAYAN JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9383	HERNANDEZ SOTO BRAYAN JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9384	RUIZ FIGUEROA SALVADOR JHAZED	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9385	PINEDA CASTILLO BRAYAN JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9386	GONZALEZ MADRID BRAYAN LEONARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9387	PEREZ SEGOVIA BRENDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9388	RAMIREZ GONZALEZ BRENDA CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9389	GARCIA MONTAÑEZ BRENDA CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9390	RUBIO IBARRA BRENDA DANAYDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9391	GONZALEZ ACUÑA BRENDA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9392	CHAVEZ HERNANDEZ BRENDA GISELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9393	HERNANDEZ ACOSTA BRENDA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9394	LIMAS MARQUEZ BRENDA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9395	CARRILLO RENTERIA BRENDA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9396	ARTEAGA LOPEZ BRENDA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9397	CHACON RENTERIA BRENDA IDALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9398	DOMINGUEZ RODRIGUEZ SAMANTHA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9399	ANAYA HINOJOS BRENDA IVANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9400	GRAJEDA RAMIREZ BRENDA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9401	BAQUERA PANDO BRENDA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9402	MARQUEZ HERRERA BRENDA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9403	PONCE ORTIZ BRENDA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9404	MANJARREZ GONZALEZ BRENDA PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9405	HERNANDEZ GOMEZ BRENDA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9406	MORONES BAEZ BRENDA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9407	MENDEZ PEREZ BRENDA SABRINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9408	CANO GARCIA BRENDA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9409	JURADO PEREA BRENDA SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9410	ARMENDARIZ HERRERA BRENDA YARELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9411	VARGAS GUTIERREZ BRIAN ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9412	GONZALEZ MIRELES SAMANTHA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9413	BOLAÑOS TERAN BRIAN ARIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9414	ZARAGOZA FIERRO BRIAN IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9415	MARES REYES BRIAN RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9416	TENA HOLGUIN BRIANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9417	MARTINEZ NUÑEZ BRISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9418	VILLARREAL SANCHEZ BRISA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9419	OCHOA LOPEZ BRISA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9420	CALLEROS MEDINA BRISSA ANELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9421	HERNANDEZ OSTOS BRISSA BANELLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9422	GARCIA LLANAS BRISSA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9423	HERNANDEZ CHAVEZ BRISSA YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9424	GAYTAN FRANCO NAUJ AROD	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9425	OCHOA LUJAN BRITTANY ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9426	HEREDIA . BRITTANY KACIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9427	CARRILLO MONTOYA BRITZIA YOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9428	ESTRADA CHAVEZ BRUNO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9429	CORRUJEDO PEÑA BRYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9430	ONTIVEROS MORENO BRYAN ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9431	PALOMARES FERNANDEZ BRYAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9432	OCHOA HAGELSIEB BRYAN ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9433	CARRERA GARCIA BRYAN ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9434	DIAZ CRUZ BRYAN ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9435	CABRIALES HERNANDEZ BRYAN ARIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9436	GARCIA LOPEZ BRYAN AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9437	LUJAN CASTILLO BRYAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9438	CHANEZ DOZAL BRYAN ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9439	LERMA QUINTANA SAMANTHA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9440	HERNANDEZ CORDERO BRYAN IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9441	LUNA VALLES BRYAN IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9442	ALVARADO CASTAÑON BRYAN JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9443	RUIZ PEREZ BRYAN NOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9444	OROZCO GUTIERREZ BRYAN OBED	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9445	CARREON MENDOZA BRYAN OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9446	LERMA CALDERON BRYAN OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9447	ANCHONDO ZUÑIGA BRYAN RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9448	DE LA FUENTE MARTINEZ BRYAN RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9449	QUEZADA SALAS SAMANTHA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9450	VALENCIA VAZQUEZ BRYAN SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9451	GALINDO ROMERO BRYAN XAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9452	MARTINEZ VALENCIA BRYANA JURETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9453	VALDEZ PROAÑO CADMIEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9454	RUIZ BURCIAGA CALEB MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9455	LOZANO COLOMO CAMILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9456	CANO SALCIDO CAMILA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9457	ROMAN RUIZ NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9458	LUNA DELGADILLO CARLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9459	ALARCON TARANGO SAMUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9460	HERNANDEZ TORRES CARLA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9461	ALANIS MONTES CARLA GISELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9462	BAÑUELOS SOSA CARLA ISABELLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9463	GOMEZ CHAVEZ CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9464	MEDINA CARREON CARLOS ABRAHAM	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9465	ENRIQUEZ CASTRO CARLOS ABRAHAM	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9466	LECHUGA MEZA NAYELI IVONNE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9467	VALERIO MARTINEZ NESTOR ARMANDO	30 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9468	HERNANDEZ PEREZ CARLOS ADRIAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9469	VALDES MARTINEZ CARLOS ADRIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9470	HOLGUIN TORRES CARLOS ADRIAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9471	SANCHEZ ARZAGA CARLOS ADRIAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9472	RIOS AU CARLOS ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9473	MENDEZ MARTINEZ CARLOS ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9474	AGUILAR LOAIZA CARLOS ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9475	DOMINGUEZ PEREZ CARLOS ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9476	ANCHONDO ROMERO CARLOS ALEXIS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9477	MEJIA RAMOS CARLOS ALEXIS	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9478	MALDONADO MARQUEZ CARLOS ALFONSO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9479	ESPARZA VAZQUEZ CARLOS ALFREDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9480	PALMA ALVAREZ CARLOS ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9481	ARRIETA SERRANO CARLOS ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9482	RIVERA GALLEGOS CARLOS ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9483	ESCALANTE PUCHI CARLOS ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9484	LEDEZMA GOMEZ CARLOS AUGUSTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9485	GARCIA GARCIA CARLOS CESAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9486	CARAVEO GARCIA CARLOS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9487	TORRES PILLADO CARLOS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9488	NEVAREZ ORTEGA CARLOS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9489	CASTILLO BANDA CARLOS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9490	LEYVA GALLEGOS CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9491	SALAS GUTIERREZ CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9492	VILLA ARAGON CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9493	RODRIGUES ALMEIDA CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9494	PALMA RIOJAS NAYELI PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9495	TERRAZAS NUÑEZ NAYELI YAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9496	MARTINEZ BANDA CARLOS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9497	TORRES MARQUEZ NAYELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9498	GARCIA RODRIGUEZ CARLOS ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9499	MUÑIZ FIERRO CARLOS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9500	VILLALBA MARTINEZ CARLOS GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9501	ACOSTA BARRIO NAYELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9502	PEREZ ALMAZAN CARLOS GONZALO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9503	MONTAÑEZ GUADERRAMA CARLOS HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9504	HERNANDEZ LOPEZ CARLOS HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9505	MOTA VILLA CARLOS HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9506	CARLO ALVIDREZ CARLOS IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9507	GUERRA GANDARA CARLOS JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9508	SANTOYO ALVAREZ CARLOS LEONEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9509	ISRAEL GARCIA CARLOS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9510	HERMOSILLO DE LA O CARLOS MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9511	AGUIRRE BACA CARLOS MIGUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9512	MENDEZ CHAPARRO CARLOS OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9513	VARGAS ANCHONDO CARLOS OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9514	HERRERA . CARLOS ORLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9515	ANDAZOLA ZACARIAS CARLOS ROGELIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9516	RAMIREZ JIMENEZ CARLOS SAGUER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9517	REY CORTEZ NAYELY YANET	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9518	CASTRO HERVERT CARLOS SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9519	MARIN ZAMARRON CARLOS SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9520	MUÑOZ ADAME ADELA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9521	ALVAREZ LOPEZ CARLOS URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9522	VILLALOBOS VILLALOBOS CARLOS URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9523	RODRIGUEZ GUTIERREZ SAMUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9524	NUÑEZ AGUILAR CARLOS VICTORIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9525	CARMONA CHAVARRIA CARMEN ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9526	GUEVARA MARQUEZ CARMEN ARISBE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9527	CALLEJA MORALES CARMEN VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9528	PIÑUELAS VIZCARRA RUTH VERONICA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9529	GARCIA GANDARA CARMEN YITZEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9530	ARAIZA MADRID CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9531	TERRAZAS JURADO CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9532	LOPEZ NAJERA SAJEY	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9533	MATA ALMANZA CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9534	ALVARADO RAMOS CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9535	FRANCO RENTERIA CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9536	LUNA RODRIGUEZ SAMUEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9537	GRIJALVA PEREZ CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9538	SOLIS DE LA ROSA CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9539	CHAVEZ RUIZ CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9540	ALVAREZ ESTRADA CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9541	AMPARAN PORTILLO CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9542	ALVAREZ RODRIGUEZ CAROLINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9543	FERNANDEZ MUELA CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9544	GAMEROS JAQUEZ CAROLINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9545	SAENZ RODRIGUEZ CAROLINA SARAHÍ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9546	COTA MONGE NAYOMI ITZEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9547	MARTINEZ VIZCAINO CASSANDRA BERENICE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9548	REYES GONZALEZ CASSANDRA NAHOMÍ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9549	VARGAS BORUNDA CATALINA STEPHANY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9550	GRANADOS SIGALA CATHERINE ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9551	MORAN CHAVIRA CATHERINE GISELLE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9552	PORTILLO RUIZ CECILIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9553	RODRIGUEZ MEDRANO CECILIA ESTEFANIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9554	HERNANDEZ SINALOA NAYRA LICET	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9555	GUERRA ZUBIA CECILIA GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9556	RECIO MARTINEZ CEDRIK	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9557	LOZOYA . CELESTE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9558	VILLA CHAVIRA CELESTE ALICIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9559	SANCHEZ VILLELA CELESTE YAHAIRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9560	VILLASEÑOR RIVERA CELINA MARIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9561	PRIETO OTERO CELINE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9562	YAÑEZ LOPEZ NELLY	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9563	ESTUPIÑAN AGUILAR NELSY JAZMIN	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9564	NAJERA CHAVARRIA CELSO ANTONIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9565	VASQUEZ MORENO CESAR	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9566	GOMEZ DEL CAMPO CARRASCO OCTAVIO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9567	CONTRERAS PAK CESAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9568	MARTINEZ SANCHEZ CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9569	QUIÑONES ANCHONDO CESAR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9570	GONZALEZ GONZALEZ CESAR ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9571	CONTRERAS OCHOA NESTOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9572	BACA CASTILLO CESAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9573	MURILLO CARAVEO CESAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9574	ORTEGA CHAVEZ CESAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9575	FLORES DELGADO CESAR ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9576	GARCIA GUERRERO CESAR ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9577	VELASCO HERNANDEZ CESAR ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9578	RASCON ALARDIN SALMA VIOLETA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9579	COSSIO VILLEZCAS CESAR ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9580	HERNANDEZ DE LA CRUZ CESAR ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9581	ALMAZAN RODRIGUEZ CESAR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9582	SIQUEIROS ESPINOZA CESAR EDUARDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9583	CARDONA HERNANDEZ CESAR EDUARDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9584	VIEYRA PEREZ SAMUEL ADRIEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9585	ARMENDARIZ DELGADO CESAR EMMANUEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9586	PIÑA TERRAZAS CESAR FERNANDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9587	PACHECO SILVA CESAR FRANCISCO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9588	GARCIA GONZALEZ NEYDIN AXICALLI	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9589	PUERTA PEREZ NICOL	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9590	VALENZUELA ANDREW NICOLAS ANTONIO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9591	RONQUILLO MOLINA CESAR GERARDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9592	VILLALOBOS OCHOA CESAR HUMBERTO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9593	OLVERA CARO CESAR ISAAC	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9594	MARQUEZ AGUILAR NICOLAS ESDREL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9595	PEÑA MARTINEZ CESAR ISRAEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9596	OCHOA GARCIA CESAR IVAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9597	MONARREZ SOTO CESAR IVAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9598	LOPEZ GUZMAN CESAR IVAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9599	SEGURA TORRES CESAR IVAN	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9600	CARREÑO HERNANDEZ CESAR JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9601	GUZMAN PIÑA NICOLE AMERICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9602	OROZCO OLEA CESAR OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9603	GAMBOA CALDERON CESAR OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9604	HERNANDEZ CERNA NICOLE MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9605	GANDARA VILLALOBOS CESAR OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9606	FIERRO ESCANDON CESAR ORANE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9607	PAREDES DELGADO CESAR ORLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9608	CARRILLO PORTILLO NIEVES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9609	GARCIA VILLALOBOS REYNA IVONE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9610	ALVAREZ BALLESTEROS NIKIRA ORIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9611	ACOSTA ORTEGA CESAR RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9612	FIERRO LEVARIO CESAR RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9613	MONTOYA AGUILAR CESAR RUBEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9614	CARRILLO JUAREZ CHANTAL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9615	GUERRA GARCIA CHELSEA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9616	RODRIGUEZ MACIAS NIXDALI MARLENE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9617	POMPA JURADO CHRISTIAN ALAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9618	VALVERDE ALONSO CHRISTIAN ALEXIS	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9619	RAMIREZ PEREZ CHRISTIAN ARAM	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9620	CERECERES RIVERA SAMUEL ANTONIO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9621	GUTIERREZ RUBIO CHRISTIAN AXEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9622	PANDO CARO CHRISTIAN DEBANHI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9623	FRAUSTO CABALLERO CHRISTIAN JAVIER	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9624	MORA MENDOZA CHRISTIAN RAYMUNDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9625	PEREZ VELEZ NIZA MONSERRAT	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9626	RIOS SOLIS CINDY	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9627	ALDAMA SOTO NOE RAMIRO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9628	MARTINEZ LOPEZ CINDY BISLAM	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9629	CAPERON MONTOYA CINDY FABIOLA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9630	JIMENEZ VILLALOBOS CINDY SOFIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9631	SILVA PAREDES SAUL GERARDO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9632	RIVAS MONARREZ CINDY YUSELI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9633	HOLGUIN CHAVEZ NOEMI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9634	GRANADOS ANCHONDO CINTHIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9635	CORRAL NUÑEZ CINTHIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9636	ACUÑA VAZQUEZ CINTHIA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9637	TORRES MURILLO CINTHIA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9638	GOMEZ ALVARADO JUAN CARLOS	62	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9639	MUÑOZ FELIX CINTHIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9640	BALCORTA BAEZA MONICA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9641	NORIEGA ROMERO CINTHIA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9642	MORENO MARQUEZ CINTHIA YENNICEI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9643	CRUZ RUIZ CINTHIA ZERETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9644	LUNA QUINTANILLA CINTHYA JOCELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9645	PANDO RAMIREZ CINTHYA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9646	JUAREZ GONZALEZ CINTHYA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9647	VILLANUEVA CONTRERAS CINTHYA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9648	REYES REZA NOMAR GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9649	TORRES CHACON CLARA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9650	RUIZ MONTAÑEZ CLARISSA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9651	GUEVARA RUIZ CLARISSA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9652	DIAZ LARA CLAUDIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9653	OCHOA PEREZ NORA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9654	OROZCO RODRIGUEZ NORA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9655	ZAFIRO PARRA CLAUDIA ARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9656	ZUBIRIAS ROMAN CLAUDIA DAENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9657	CAMPOS RODRIGUEZ CLAUDIA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9658	GARCIA MORENO CLAUDIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9659	RUBIO GARCIA CLAUDIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9660	GOMEZ RODRIGUEZ SAMUEL OSWALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9661	GONZALEZ RAMIREZ SANDRA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9662	MATA ESPINOZA CLAUDIA GERALDINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9663	OLIVAS LARA CLAUDIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9664	SALAZAR PORTILLO CLAUDIA JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9665	TOVAR LERMA SANDRA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9666	CORTES PEREZ CLAUDIA JOHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9667	GONZALEZ LLANEZ CLAUDIA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9668	GUTIERREZ MORENO CLAUDIA MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9669	PEREZ SOTELO CLAUDIA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9670	RAMIREZ REYES CLAUDIA NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9671	PALOMINO TORRES CLAUDIA QUETZALLI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9672	DIAZ MORENO CLAUDIA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9673	LINARES ROLDAN CLAUDIO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9674	PIZAÑA DELGADO CLAUDIO NAHUM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9675	ANDRADE MEDINA CRISTAL ANEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9676	ROQUE BOJORQUEZ CRISTAL NAYELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9677	RODRIGUEZ ALDANA CRISTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9678	DE ANDA SANDOVAL CRISTIAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9679	CORTES RAMIREZ NORBERTO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9680	REYES MARTINEZ CRISTIAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9681	BAILON ARMENDARIZ NORELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9682	RIVAS LOZOYA CRISTIAN DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9683	ACOSTA VALLES CRISTIAN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9684	BARRAGAN GARCIA CRISTIAN RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9685	CASTAÑEDA GARCIA CRISTIAN RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9686	MARTINEZ LOEZA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9687	ANDUJO VENEGAS CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9688	GONZALEZ GARCIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9689	AVENA TALAMANTES CRISTINA GISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9690	MEDINA VAZQUEZ CRISTINA IVETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9691	SILVA JULIMEZ NORMA ARACELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9692	ALMAZAN LEAL CRISTINA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9693	LOZOYA CHAVIRA CRISTOBAL DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9694	GARCIA AGUIRRE CRISTOBAL ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9695	ANDUJO RAMIREZ CRISTOBAL ISSAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9696	ESCAMILLA COVARRUBIAS CRISTOFER ADRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9697	TOVAR HERNANDEZ CRISTOPHER DOMINIC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9698	ANDRADE ROJAS CRUZ ISAMAR	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9699	LOPEZ GRANADOS CRUZ IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9700	HOLGUIN CARRILLO CRUZ PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9701	RANGEL DURAN CRYSTAL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9702	SANTANA CORRAL SAUL MISAE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9703	MORA CAÑAS CYNDY STHEPHANIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9704	SANDOVAL GALVAN CYNTHIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9705	VILLANUEVA MONTAÑEZ CYNTHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9706	VEGA RODRIGUEZ CYNTHIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9707	REZA CHAVIRA CYNTHIA MARLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9708	NAVA BARRON CYNTHIA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9709	MARTINEZ CAZARES DAEL SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9710	CORDERO CHAVIRA DAEN IRAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9711	CHAVEZ GONZALEZ DAENA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9712	CAMPOS PORTILLO DAFNE DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9713	GRIMALDO FUENTES DAFNE IOHATZZY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9714	REYES DIAZ DAFNE IRIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9715	PEREZ CORRAL DAFNE JECELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9716	RIVERA LERMA DAFNE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9717	BARRAGAN PORTILLO DAFNE MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9718	FIERRO RAMOS DAFNE STEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9719	CARRILLO JIMENEZ DAIRA ALBINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9720	NEVAREZ ORTEGA DAISY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9721	HERNANDEZ MARTINEZ NORMA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9722	CARRILLO ALMEIDA DAISY TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9723	CAÑEZ MARTINEZ DAISY VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9724	HOLGUIN FONTES DALLANA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9725	HERNANDEZ GUERRA DAMARIS ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9726	GAYTAN HERNANDEZ DAMARIS EUNICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9727	RAMIREZ ESPINOZA DAMIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9728	CRUZ MARQUEZ DAMIAN JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9729	ZAPATA BALDERRAMA DAMIAN TAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9730	SANCHEZ DE LA CRUZ DANA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9731	CHAVEZ LOYA DANAHE ARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9732	REYES FERNANDEZ DANIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9733	PALMA RAMIREZ DANIA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9734	TERAN TORRES ANGEL MANUEL	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9735	URBINA PEREZ NORMA LETICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9736	DIAZ GONZALEZ DANIA SARABY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9737	NUÑEZ NUÑEZ DANIA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9738	BELTRAN ROMERO DANIA YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9739	RUIZ AGUILAR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9740	VILLALOBOS CHACON DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9741	OLIVARES GONZALEZ DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9742	GUTIERREZ GARCIA DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9743	SOSA DIAZ DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9744	CORDERO OCHOA DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9745	RASCON CARRILLO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9746	ESCALANTE ESPINOZA DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9747	CUELLAR RUIZ ESPARZA DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9748	MONTAÑEZ HERNANDEZ DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9749	PORRAS GARCIA DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9750	VILLARREAL MORALES DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9751	ARAIZA HERNANDEZ DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9752	PALACIOS DOMINGUEZ NORMA LETICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9753	LEM NERY DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9754	REZA DOMINGUEZ DANIEL ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9755	COTA OCHOA DANIEL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9756	GONZALEZ REA DANIEL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9757	RIOS AGUILAR DANIEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9758	SANCHEZ LEON DANIEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9759	NUÑEZ LARA DANIEL ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9760	GOMEZ CHAFFINO DANIEL ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9761	ALANIZ BERNAL DANIEL ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9762	LOPEZ LAMAS DANIEL ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9763	ALVIDREZ RUELAS DANIEL ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9764	MONTES PALOMO DANIEL ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9765	ZAVALA GONZALEZ DANIEL ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9766	ALVIDREZ HERNANDEZ DANIEL ALFREDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9767	REYES ALCANTARA DANIEL ANTONIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9768	FRIAS QUINTERO NORMA YAZMIN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9769	CHAVARRIA ESPARZA DANIEL ANTONIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9770	GUTIERREZ RAMIREZ DANIEL DE JESUS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9771	PADILLA JIMENEZ DANIEL EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9772	COHETERO CUAUTLE DANIEL EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9773	GONZALEZ HERNANDEZ DANIEL EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9774	RASCON AMARO SANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	STEPHANIA									
9775	VILLALOBOS MERCADO DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EDUARDO									
9776	TREJO PALMA DANIEL EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9777	ZUÑIGA HERNANDEZ DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EDUARDO									
9778	VILLAGRAN LERMA DANIEL ELIAS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9779	LOYA MONTES NUBIA GABRIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9780	CHAPARRO MENDEZ DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	IRAM									
9781	TAFOYA ESCOBEDO DANIEL IVAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9782	PADILLA GUTIERREZ NUBIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	NAYELI									
9783	PEÑA MARQUEZ DANIEL RAMSES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9784	GARCIA GARCIA NUBIA RUBY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9785	TSUYI MELENDEZ DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ROBERTO									
9786	GARCIA QUINTANA DANIEL URIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9787	GARCIA FLORES DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9788	GARCIA LOPEZ DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
9789	TALAMANTES MARTINEZ SAYRA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	LIZETH									
9790	CERVANTES MONTELONGO	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	STEPHANIE									
9791	CERVANTES DOMINGUEZ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	DANIELA									
9792	ROBLES PONCE DE LEON OBED	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9793	GONZALEZ LOYA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9794	MERINO CHACON OBED ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9795	LACOMBE BRINGAS DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9796	TORRES TAPIA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9797	ROBLES MARQUEZ DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9798	MENDOZA FLORES DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9799	MONTANA CHAPARRO DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9800	OCHOA BARRAZA OBED EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9801	LICEA ABUNDEZ DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9802	GAMEZ RODRIGUEZ DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9803	CASAS ESCOBAR DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9804	ARENIVAR REYES DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9805	SALAS PRIETO DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9806	ENRIQUEZ CASAVANTES DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9807	SALAZAR ROBLES DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9808	HERNANDEZ RUIZ DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9809	PUGA PASILLAS OBED MIZRAIM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9810	MENDEZ SANCHEZ DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9811	ENRIQUEZ MORALES ANGEL RAMIRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9812	RUIZ PIÑON DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9813	MORA ESTRADA DANIELA ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9814	FLORES MELENDEZ DANIELA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9815	RODRIGUEZ VELAZCO DANIELA AMAYRANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9816	BAYLON LICON DANIELA BELEM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9817	SALAZAR VALTIERRA DANIELA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9818	ACOSTA ARZOLA DANIELA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9819	CHACON ANCHONDO SANDRA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9820	ESPINOZA CENICEROS DANIELA DE LOS ANGELES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9821	MENDOZA ANCHONDO REYNA JUDITH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9822	OLLERVIDES TORRES OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9823	ACOSTA GARCIA DANIELA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9824	LOZANO BENCOMO DANIELA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9825	MORALES MIRANDA OCTAVIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9826	ANTILLON SAENZ OCTAVIO FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9827	MACHADO TREJO DANIELA ITALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9828	ARELLANO DIAZ DANIELA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9829	HERRERA PEÑA DANIELA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9830	ZAVALA MEDINA DANIELA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9831	MEDINA TREVIÑO DANIELA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9832	CORONA CHAVEZ DANIELA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9833	SALAZAR OROZCO DANIELA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9834	NUÑEZ OSETE DANIELA ODETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9835	MARTINEZ HERNANDEZ DANIELA VERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9836	OJEDA RODRIGUEZ DANIELA YALOANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9837	PEREZ AGUIRRE DANIELA YAMILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9838	SALGADO ROSALES DANIELA YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9839	HEREDIA MARTINEZ DANN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9840	RAMOS LUNA DANNA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9841	MORALES DURAN DANNA IBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9842	MARTINEZ TERRAZAS DANNA MARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9843	TERRAZAS HERNANDEZ SANDRA YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9844	HERNANDEZ ORTIZ ROGER UBALDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9845	SAENZ ALVARADO DANNA RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9846	MEDINA GOMEZ DANNA SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9847	MANJARREZ RASCON DANNIA MERARI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9848	FIERRO CHAVEZ DAPHNE ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
9849	CASTILLO RANGEL DAPHNE ARAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9850	HERNANDEZ CARNERO DARIANA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9851	CENDON VERA DARIANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9852	MONTOYA GUERRERO DARIANA ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9853	LUGO MUÑIZ ODETTE MELINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9854	GANDARA CARRILLO DARIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9855	ACOSTA CANO DARIANA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9856	MUNGUIA CASAS DARIANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9857	MENDOZA DELGADO DARINKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9858	RIVERA MENDOZA ODILLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9859	MURILLO LOZANO DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9860	PEREZ ESTRADA DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9861	AVILA GUZMAN DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9862	GANDARILLA RODRIGUEZ MARIBEL	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9863	JAQUEZ DELGADO DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9864	HERRERA AGUILERA DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9865	ESPINOZA GUTIERREZ DAVID ADAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9866	DELGADO ORTA DAVID ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9867	RIVAS RICO DAVID ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9868	CAMPOS FERNANDEZ DAVID ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9869	CERECERES MONTOYA DAVID ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9870	MARTINEZ RIVERA DAVID ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9871	ALMEIDA ACOSTA DAVID ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9872	BUENO NUÑEZ DAVID EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9873	CHAVEZ BRACAMONTES DAVID EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9874	PEREZ CHAVIRA DAVID EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9875	CHAVEZ PEREZ DAVID EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9876	PARRA MARTINEZ DAVID ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9877	QUIÑONEZ VILLANUEVA DAVID GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9878	VELAZQUEZ TORRES DAVID HIRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9879	GONZALEZ ESCARCEGA DAVID HIRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9880	HERNANDEZ SANCHEZ DAVID HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9881	IRIGOYEN GARCIA DAVID ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9882	SAGREDO LOPEZ DAVID ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9883	MAYORGA LEVARIO DAVID JONATAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9884	AGUILAR BARRAGAN DAVID NATAHEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9885	RAMIREZ CRUZ DAVID OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9886	YAÑEZ SALINAS DAVID RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9887	RODRIGUEZ LUGO DAVID RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9888	GUERRERO BALDERAS DAVID SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9889	CASTRO LOZANO DAVID URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9890	ZAPIEN RONQUILLO DAYAN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9891	ROMERO LARA DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9892	CALDERON CAMPOS DAYANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9893	GONZALEZ GARCIA DAYANA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9894	GUTIERREZ VELAZQUEZ DAYANA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9895	ARMENDARIZ LOERA DAYANA IRAIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9896	MARQUEZ RIVERA DAYANARI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9897	RAMOS VIEZCAS DAYANE FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9898	DE LUNA MONTES DAYNA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9899	REYES GARCIA DEBRYNT GAMALIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9900	OROS MARQUEZ DEIBY MARLEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9901	AGUIRRE FLORES OLIVA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9902	RAYO SANTOS OLIVIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9903	MORALES MEDRANO DELIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9904	MONCLOVA COVARRUVIAS DELIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9905	OLIVAS RODRIGUEZ DELIA JULIETA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9906	PERALES CHAVIRA DEMIAN YASIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9907	CANO BURCIAGA DENIS ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9908	CHAVEZ ARANDA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9909	CASTRO MATA RAQUEL ALEJANDRA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9910	ALVIDREZ CARRASCO DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9911	HERNANDEZ BARRERA OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9912	LEYVA BRITO DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9913	TORRES LEON DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9914	DELGADO PEREZ DENISSE ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9915	CASTRUITA FERNANDEZ DENISSE AIDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9916	SANCHEZ SEVILLA DENISSE DANAE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9917	OBREGON IRACHETA DENISSE IDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9918	ALVARADO MARQUEZ OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9919	CHAPARRO MARQUEZ DENISSE ITALIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9920	VEGA RAMOS DENISSE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9921	CARRASCO PARRA SCARLETT CAROLINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9922	LOPEZ RODRIGUEZ DENISSE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9923	DELGADO MIRANDA DENISSE PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9924	VIZCARRA BARAJAS DENISSE PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9925	LUCERO BALDERRAMA DENISSE SUSANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9926	DOMINGUEZ CORDOVA DENISSE YARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9927	GONZALEZ OSORNIO DENNISE GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9928	BALDERRAMA LOZANO DENNISE JOANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9929	GAXIOLA ALMANZA DEREK	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9930	RIVERA RICO DEREK ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9931	TORRES ALIRE DEREK GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9932	CALDERON RUBIO DEREK MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9933	MORENO MATA DESAILY ANELKA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9934	VALENZUELA GONZALEZ DESIREE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9935	CERVANTES MUÑIZ DESIREE EUNICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9936	ESPARZA MORALES DEVANHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9937	RODRIGUEZ PALMA DEVANNY ALEXANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
9938	SILVA HERRERA DEVANY FERNANDA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9939	PORTILLO PALOMINO DEYANIRA FERNANDA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9940	PALMA MARTINEZ DEYANIRA ILEM	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9941	PINEDO DURAN DEYMI JOHANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9942	JAQUEZ ROMERO DEYRA FERNANDA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9943	COBOS TARANGO DEYRA GUADALUPE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9944	MARTINEZ HERRERA DIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9945	BALDERRAMA SOLIS DIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9946	RONQUILLO MARTINEZ OMAR	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9947	VILLALOBOS GALINDO DIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9948	SIGALA ACOSTA DIANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9949	ALVARADO OLIVAS DIANA ABIGAIL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9950	RUIZ RAMOS DIANA ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9951	JACQUEZ DURAN DIANA ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9952	BARRERA ISLAS DIANA ANAHI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9953	LOPEZ SOTO DIANA ANAHI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9954	ACEVEDO GARCIA DIANA ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9955	FIERRO ANDAVASO DIANA ANGELICA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
9956	CRUZ MENDOZA DIANA ARELI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
9957	RODRIGUEZ BELTRAN DIANA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9958	DOMINGUEZ CERECERES DIANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9959	VALLE GUTIERREZ DIANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9960	FRANCO SALINAS DIANA CITLALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9961	MARQUEZ VAZQUEZ DIANA CLAUDIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9962	IBARRA JURADO DIANA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9963	HERRERA CAMPOS DIANA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9964	HERNANDEZ TORRES OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9965	ZARAGOZA LUGO OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9966	TREJO CENICEROS DIANA ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9967	HOLGUIN HERRERA DIANA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9968	CEDILLO ACOSTA DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9969	FRANCO RAMIREZ DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9970	GUTIERREZ MOLINA DIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9971	NERI TERRAZAS DIANA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9972	SAENZ RODRIGUEZ ANGELES PAULINA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9973	FERNANDEZ VIZCARRA DIANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9974	RODRIGUEZ CHAVEZ DIANA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9975	OROZCO PIÑERA DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9976	BEJARANO ORTIZ DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9977	FIERRO SOLIS DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9978	HEREDIA VERDUGO DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9979	CHACON SARMIENTO DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9980	ENRIQUEZ MARO DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9981	AVITIA ORTEGA DIANA LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9982	HERNANDEZ SARMIENTO DIANA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9983	GUZMAN PONCE DE LEON OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9984	SANDOVAL CAMACHO DIANA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9985	MENDOZA PEREYRA DIANA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9986	LOPEZ TORRES DIANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9987	BUENO GUTIERREZ DIANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9988	TORRES SOTO DIANA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9989	GOMEZ MORALES SEBASTIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9990	MONTANA GUTIERREZ OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9991	ROSALES HUIE DIANA ODALYS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9992	GONZALEZ VENEGAS DIANA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9993	HERNANDEZ ENRIQUEZ DIANA PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9994	FIERRO DIAZ DIANA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9995	RAMOS CHAVEZ DIANA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9996	ESTRADA OCAMPO DIANA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9997	SIGALA MORAN DIANA RENEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9998	NEVAREZ HERNANDEZ DIANA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
9999	VALDEZ TALAMANTES DIANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10000	PRIETO SANCHEZ DIANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10001	GUTIERREZ RANGEL DIANA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10002	AUDETAT HUERTA DIANA STEPHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10003	ROCHA MENDOZA DIANA SUGEIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10004	RODRIGUEZ PAYAN DIANA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10005	DOMINGUEZ LOYA DIANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10006	BATISTA GONZALEZ DIANA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10007	HOLGUIN TORRES SANTIAGO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10008	URIAS BALDERRAMA DIANA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10009	CRUZ YAÑEZ DIANA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10010	ALONZO CENTENO SALVADOR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10011	MARTINEZ ACOSTA DIANA YARENY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10012	GUTIERREZ SOTELO OMAR ADALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10013	GUTIERREZ LEZAMA DIANA YOLANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10014	NUÑEZ VARELA DIAYAN SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10015	SALCIDO ARZOLA DIBANHI ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10016	CORTES MARTINEZ DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10017	ARAMBULA VIZCARRA DIEGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10018	CRUZ RUIZ DIEGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10019	BELTRAN SOLIS DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10020	RASCON MONTOYA DIEGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10021	AVITIA SALINAS DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10022	GONZALEZ ORTEGA DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10023	HOLGUIN MAR DIEGO ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10024	MORENO ZAPATA DIEGO EDMUNDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10025	GARCIA GARCIA DIEGO EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10026	POLANCO AVALOS DIEGO ERNESTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10027	ESTRADA GRANADOS DIEGO ISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10028	PACHECO OCHOA DIEGO MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10029	MIRANDA NUÑEZ DIEGO MARCELO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10030	GUTIERREZ FONSECA DILAN IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10031	GONZALEZ AGUILERA DOAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10032	MARQUEZ CORONADO DORA VIANNEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10033	RODRIGUEZ MOLINA DORIS GISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10034	VASQUEZ FLORES DOROTY MARLENNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10035	DE JESUS VEGA DULCE ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10036	MARES VALLES DULCE ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10037	PAYAN GARCIA DULCE ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10038	MORALES GARCIA DULCE GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10039	PEREZ CASTILLO DULCE MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10040	BALLESTEROS BAEZA DULCE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10041	SAUCEDA ANAYA DULCE MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10042	BACA JURADO DULCE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10043	MONTES GONZALEZ OMAR ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10044	GARCIA CARMONA DULCE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10045	LUCERO TORRES DULCE MARIAM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10046	FLORES GALLARDO OMAR ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10047	SOSA DELGADO OMAR ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10048	PARADA VIZCAINO DULCE MONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10049	TERRAZAS SANCHEZ DULCE NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10050	GUTIERREZ GRAJEDA DULCE PALOMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10051	VALDEZ PASTRANA OMAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10052	QUEZADA TRUJILLO DYLAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10053	GALINDO GARCIA DYLAN HARANDU	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10054	MARTINEZ OROS ED RAMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10055	LOZANO CARO EDELBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10056	RAMIREZ QUIÑONEZ EDEN ALHELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10057	FLORES LUJAN EDGAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10058	CHAVARRIA MARTINEZ EDGAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10059	CERA DOMINGUEZ EDGAR ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10060	SANCHEZ MEZA EDGAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10061	ARANDA AGUIRRE OMAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10062	CHAVEZ RASCON RICARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10063	ESCAJEDA MARTINEZ OMAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10064	ROSALES RIVAS EDGAR ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10065	MORALES VERDUGO EDGAR ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10066	RAMIREZ MENDEZ EDGAR ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10067	GONZALEZ RODRIGUEZ EDGAR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10068	GOMEZ GARCIA EDGAR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10069	ONTIVEROS LARA EDGAR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10070	MONTOYA FERNANDEZ EDGAR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10071	CALDERON URIBE EDGAR EMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10072	VEGA GANDARA EDGAR FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10073	VALLES ENRIQUEZ EDGAR HAZAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10074	PEREZ RESENDEZ MONICA MARGARITA	55	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10075	DELGADO VASQUEZ EDGAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10076	MONTES CORTINAS EDGAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10077	LOYA CHAVEZ EDGAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10078	OLIVAS ESCAPITA OMAR ANDREW	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10079	LOZOYA CASTILLO OMAR ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10080	MUELA RIOS EDGAR MAXIMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
10081	SOLIS SAENZ OMAR DANIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10082	GONZALEZ FRANCO EDGAR SANTIAGO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10083	CHAVIRA BRINGAS EDGAR ULISES	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10084	MOLINA HOLGUIN EDGAR ULISES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10085	GONZALEZ REGALADO EDGAR YAMIL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10086	CASTRO CASTRO EDGAR YAMIR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10087	CAMPOS FONTES EDILMA YUZALET	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10088	BUJANDA ORDOÑEZ EDITH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10089	MORALES ACEVEDO EDITH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10090	REYES RODRIGUEZ EDITH ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10091	HERNANDEZ MACIAS EDITH ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10092	GONZALEZ MARQUEZ EDITH ESTEFANIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10093	TERRAZAS GOMEZ EDITH GABRIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10094	GONZALEZ ACEVEDO EDITH GABRIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10095	MARQUEZ ARMENDARIZ EDNA JAQUELINE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10096	RODRIGUEZ BACA EDNA YAMILCA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10097	PULIDO TREVIÑO EDNNA JOCELINE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10098	AVILA ESTRADA SALVADOR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10099	MENDEZ RODRIGUEZ SEBASTIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10100	SOLIS MARTINEZ EDSON GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10101	TORRES PASILLAS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10102	LICON LOPEZ EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10103	HERNANDEZ MENDOZA EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10104	ACOSTA CHAVIRA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10105	ESPARZA OLVERA OMAR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10106	HERNANDEZ BORUNDA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10107	LARA CASTAÑON EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10108	VIVAR CERVANTES MARIO IVAN	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10109	PEREZ MADRID EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10110	VILLA OCHOA OMAR ELI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10111	ACOSTA SALAS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10112	ZUBIATE VALOIS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10113	CERECERES IBARRA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10114	ORTIZ DIAZ DE LEON EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10115	BANMAN RUBALCAVA EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10116	DORANTES SIMENTAL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10117	WEBER ORTIZ EDUARDO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10118	MACIAS SALAZAR EDUARDO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10119	MORALES RAMIREZ EDUARDO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10120	GUTIERREZ RAMIREZ EDUARDO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10121	PEREZ ANTILLON SANTIAGO HERIBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10122	AGUILAR GONZALEZ SARA ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10123	ANCHONDO CANO SARA LEILANI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10124	GARRIDO REYES EDUARDO LORENZO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10125	CEPEDA QUINTANA EDUARDO VIRGILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10126	ESPINO LOERA EDWARD	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10127	RUIZ ALVARADO EDWIN ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10128	PINEDO CHACON EDWIN ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10129	MORALES PAZOS EDWIN EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10130	CENICEROS PLASCENCIA OMAR ELOY	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10131	CHAVEZ GALVAN EDWIN IGNACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10132	DANIEL WEBER EDWIN IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10133	NEVAREZ ENRIQUEZ OMAR EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10134	HERNANDEZ VALLES OMAR FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10135	GINER TORRES EDWIN RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10136	SOTO CASTILLO EDWINNG JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10137	VITOLAS LUCERO EFRAIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10138	MEDRANO MARTINEZ SEBASTIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10139	CHAVEZ GONZALEZ EFRAIN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10140	ROQUE RAMIREZ EFRAIN ODORICO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10141	SIFUENTES GASPAR EFREN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10142	CASTRO LOYA EIDY IBETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10143	ARIAS PALOMINO EILEEN CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10144	NAJERA TORRES EILEEN MARGARITA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10145	PALACIOS MARTINEZ EIMMY ALEXIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10146	GARCIA CARRASCO EIMY NATALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10147	RODRIGUEZ MOLINA ELBA SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10148	BENCOMO SANCHEZ ELEAZAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10149	CENICEROS ORTEGA ELEAZAR MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10150	SALAZAR DIAZ ELENA RAMONA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10151	DELGADO MOLINA ELENA VIVIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10152	RIVERA FELIX ELIA YADEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10153	OLIVAS PEREZ OMAR GENARO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10154	BARRAZA CARRILLO ELIA YETHZABELT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10155	CHAVIRA DURAN ELIAN ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10156	MUÑIZ ESTRADA ELIAN FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10157	MELENDEZ VILLAGRAN ELIAN LEONARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10158	FLORES BOCANEGRA ELIAN MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10159	MARTINEZ SOTELO ELIAN MIGUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10160	BEJARANO VAZQUEZ ELIANA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10161	ALDACO DOMINGUEZ ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10162	GONZALEZ CHAVIRA ELIAS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10163	PEREZ FLORES ELIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10164	HOLGUIN HERRERA ELIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10165	CARMONA ACOSTA OMAR HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10166	HARO ANDRADE ELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10167	MURO VAZQUEZ ELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10168	REYES HOLGUIN OMAR HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10169	MARTA MARTINEZ SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10170	MUÑOZ DE SANTIAGO ELISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10171	JAQUEZ LUNA ELISA NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
10172	NUÑEZ ACEVES ELIU ISAI	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10173	FIGUEROA LANGARICA ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10174	SALDIVAR VILLEGAS ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10175	GONZALEZ RONQUILLO ELIZABETH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10176	AMAYA VEGA ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10177	GALICIA DE LA CRUZ ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10178	MARTINEZ CARDIEL ELIZABETH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10179	MERAZ RODRIGUEZ ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10180	RIOS MEDINA ELMER ANTONIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10181	KLASSEN GONZALEZ ELOY JACOBO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10182	RAMIREZ HERMOSILLO ELSA IDALY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10183	VIZCARRA REZA ELSSY PAULINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10184	MARTINEZ VALENZUELA ELSY EDITH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10185	TORRES GALLARZO ELVA SARAHÍ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10186	REYES ALDAZ ELVIRA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10187	FIERRO HOLGUIN EMANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10188	HERNANDEZ LUGO EMANUEL OMAR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10189	BALDERRAMA CORONA EMILIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10190	ACOSTA QUEZADA EMILIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
10191	URTUZUASTEGUI PEÑA EMILIANO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10192	FERNANDEZ BEJARANO EMILIANO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10193	HIDALGO RODRIGUEZ EMILIANO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10194	MAGUREGUI SALAZAR EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10195	HERNANDEZ ARELLANO EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10196	HERNANDEZ LUCERO EMILIO EDGAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10197	TORRES SOSA EMILY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10198	VALENZUELA MENDIAZ EMILY FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10199	VILLA CARDENAS EMILY MARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10200	URIAS PORTILLO EMILY NAYB	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10201	PEINADO RUIZ EMILY SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10202	VILLOTA ARMENDARIZ EMMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10203	HERNANDEZ CARRETE EMMA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10204	AGUILAR ROMERO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10205	MEZA CARRILLO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10206	SAENZ BALDERRAMA EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10207	OLIVARES PEREZ OMAR RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10208	VELAZQUEZ MARTINEZ EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10209	CHAVEZ GONZALEZ OMAR YAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10210	GUERRERO SEÑEZ EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10211	GOMEZ ARELLANO EMMANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10212	GARCIA FIERRO EMMY GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10213	MORALES MORAN ENEIDA BEATRIZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10214	MORENO SALCEDO ENELISE JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10215	AYALA HOLGUIN ENEVY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10216	FLORES FRESCAS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10217	CAMPOS MORENO ENRIQUE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10218	CASTILLO BOJORQUEZ ENRIQUE AZHAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10219	PALACIOS BELMAN ENRIQUE EZEQUIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10220	JACQUEZ MONTES SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10221	MORALES GARCIA ERANDY DAYRE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10222	VELOZ RODRIGUEZ ERASMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10223	SCHAEFER CRISTOFORO ERIC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10224	ORTIZ MENDOZA ORALIA DENI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10225	ZUBIATE ARREDONDO ERIC ALEXANDER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10226	ARIZMENDI SERRANIA ERIC FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10227	ESCARCEGA CANO ERICK	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10228	SERRANO CARRERA ERICK	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10229	AGUIRRE YAÑEZ ERICK	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10230	GARCIA CAMPOS ERICK ABEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10231	MENDOZA LOYA ERICK ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10232	MEDINA SALGADO ERICK ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10233	MARISCAL MARTINEZ ERICK ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10234	PEÑA JAQUEZ ORLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10235	MENDEZ DUARTE ERICK ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10236	LUNA GARCIA ERICK ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10237	ROBLES MATA ERICK DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10238	CHAVIRA VELETA ORLANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10239	PEREYRA SAENZ ERICK DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10240	CHAIRES LOPEZ ERICK EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10241	AGUIRRE ZAPIEN ERICK EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10242	ARAGON LARA ERICK EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10243	LAZOS GARCIA ORLANDO DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10244	LOPEZ LECHUGA ERICK EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10245	GUERRERO ALVIDREZ ERICK ELEAZAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10246	ARRAS RUIZ ERICK EMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10247	AGUIRRE CONTRERAS ERICK ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10248	FLORES SANDOVAL OSCAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10249	BRIONES AGUIRRE ERICK FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10250	HERNANDEZ HERNANDEZ ERICK FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10251	QUEZADA PEREZ OSCAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10252	MENDOZA VALLES ERICK FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10253	CANTON ORNELAS ERICK GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10254	ROMERO PEREZ ERICK GUSTAVO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10255	OROZCO OLIVARES ERICK ISMAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10256	LARA BERRONES ERICK IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10257	MORALES SILVA ERICK LEONARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10258	DE LA ROSA MONTOYA ERICK LEONARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10259	PORTILLO GUTIERREZ ERICK MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10260	SAPIEN ORTEGA ERICK MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10261	VELETA BUSTILLOS ERICK OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10262	CHAVERO ARROYO ERICK OSMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10263	OLIVAS ESPARZA ERICK OSVALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10264	DIAZ CORRAL ERICK RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10265	HERNANDEZ FLORES ERICKA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10266	LEMUS MONTES ERIK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10267	ORTEGA REGALADO OSCAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10268	RIVERA SANCHEZ OSCAR ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10269	MACIAS ESPARZA OSCAR ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10270	SOTO LERMA ERIK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10271	LUNA ESPARZA ERIK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10272	ROSETE ROMERO ERIK ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10273	VARGAS TARANGO ERIK EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10274	BACA CASTRO ROBERTO IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10275	VARGAS ACOSTA ERIKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10276	LOPEZ MIRANDA ERIKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10277	ANCHONDO RIVERA ERIKA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10278	MENDOZA ALVARADO OSCAR ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10279	DE LA ROSA VELETA ERIKA ARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10280	ZUÑIGA MONGE ERIKA LARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10281	ESPINOZA LUNA ERIKA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10282	GUTIERREZ ORTEGA ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10283	ORTIZ VILLALOBOS ERNESTO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10284	CARRASCO LOPEZ OSCAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10285	CEJA BENAVIDES EROS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10286	BARRIO LEDEZMA SEBASTIAN ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10287	BENAVIDES AGUIÑAGA OSCAR ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10288	RUIZ MENDEZ ERWIN VALENTE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10289	ESPARZA GUZMAN ESDRAS ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10290	HERNANDEZ LOERA ESLY JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10291	SOLANO RASCON ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10292	LOERA LOERA ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10293	ROLDAN LOPEZ ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10294	GONZALEZ FERNANDEZ ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10295	GUERRERO CAMPOS ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10296	DOZAL CHAVEZ OSCAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10297	GARCIA TARANGO ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10298	GARCIA GALLEGOS ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10299	FRANCO HERRERA ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10300	VAZQUEZ RIOS ESMERALDA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10301	COLORADO MORALES OSCAR ALEXANDER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10302	BALDERRAMA PEREZ OSCAR ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10303	GONZALEZ ANCHONDO ESMERALDA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10304	SOLTERO DOMINGUEZ ESMIRNA ESTEPHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10305	ALMEIDA CHAVEZ ESTEBAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10306	ESPINOZA DELGADO ESTEBAN ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10307	LEON ACUÑA ESTEBAN ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10308	PALAFX LOYA ESTEBAN GUADALUPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10309	MACIAS ACEVES ESTEBAN JUAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10310	ORPINEDA CHAVARRIA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10311	MARRUFO DOMINGUEZ OSCAR ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10312	HERNANDEZ OROZCO ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10313	ALCANTAR CORONA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10314	GONZALEZ MARTINEZ ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10315	DE LA FUENTE VARGAS ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10316	LOZOYA AYALA OSCAR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10317	TORRES MONTOYA ESTEFANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10318	SOTELO MORALES ESTEFANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10319	CORRAL TENA ESTEFANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10320	PRECOMA MENDOZA OSCAR ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10321	ZAVALA CHAVEZ OSCAR GUILLERMO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10322	FLORES NUÑEZ OSCAR HIRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10323	PEREZ DELGADO ESTEFANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10324	GONZALEZ NUÑEZ ESTEFANY ANALU	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10325	URRUTIA MEDINA ESTEFANY DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10326	FIERRO HINOJOS ESTEFANYA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10327	PANDO DOMINGUEZ MICHELLE ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10328	HUERTA MENDEZ ESTEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10329	GALVAN ALMANZA OSCAR HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10330	MEZA LAZCANO ESTHER ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10331	CAMPOS TAVARES ESTRELLA AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10332	LOPEZ LOPEZ ETHIAN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10333	MANCINAS GARCIA ETIAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10334	MARQUEZ TENA OSCAR ISSAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10335	MARQUEZ MEDRANO EUNICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10336	GASPAR TORRES EUNICE GERALDINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10337	GORDILLO LEAL EUNICE JAEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10338	MUÑOZ TELLO EUNICE JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10339	DEL VAL SAUCEDO EUTZHEL ANDRE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10340	FLORES BENCOMO EVA CRISTAL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10341	MUÑOZ MIRELES EVA DARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10342	GUTIERREZ TALAMANTES EVA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10343	BARRON BURCIAGA EVELHYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10344	BELTRAN ALVAREZ EVELIA NOEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10345	GARCIA RAMIREZ OSCAR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10346	VALVERDE TORRES EVELIN ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10347	JIMENEZ SOTO EVELIN ANAY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10348	CHAVEZ OLIVAS EVELIN ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10349	AVILA MARTINEZ EVELIN ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10350	PORTILLO GUTIERREZ OSCAR OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10351	LOPEZ SOTO EVELIN ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10352	ANCHONDO PEREZ EVELIN GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10353	ANCHONDO ZARAGOZA EVELIN ROSARIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10354	FLORES RAMIREZ SAMANTHA YUNNUET	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10355	OLIVAS CASTILLO EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10356	BALDERRAMA DURAN EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10357	GRIJALVA BENAVENTE EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10358	FLORES ARMENDARIZ EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10359	AGUIRRE CHAVEZ EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10360	MERAZ ALVIDREZ OSCAR OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10361	SOLIS SAENZ EVELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10362	MEZA RODRIGUEZ EVELYN ABISAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10363	FELIX VARGAS SEBASTIAN ALFREDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10364	ESPARZA ROMO EVELYN ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10365	FONTES CEBALLOS EVELYN ALEXA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10366	MURUATO AGUIRRE EVELYN ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10367	CONTRERAS BARRAZA EVELYN DANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10368	TREJO CHAVEZ EVELYN ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10369	GARCIA VILLASANA EVELYN GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10370	VIDAL ESPINOZA EVELYN JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10371	GONZALEZ LOPEZ EVELYN KARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10372	CASTILLO CHAPARRO EVELYN KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10373	URTUSUASTEGUI MONARREZ OSCAR OTHON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10374	BERNAL GONZALEZ EVELYN LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10375	TAPIA JAVALERA EVELYN LORENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10376	PEÑA KARLOS EVELYN MAXINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10377	MINGURA ESTRADA EVELYN REBECA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10378	CISNEROS TERRAZAS EVELYN TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10379	CASTAÑON MEDINA EVELYN YADIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10380	CORTEZ MESTA EVER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10381	MENDOZA HOLGUIN EVER ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10382	RUVALCABA RUSSO EVER ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10383	LOPEZ RASCON EVER ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10384	RIVAS MUÑOZ ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10385	FERNANDEZ ROBLES EYMY MAGALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10386	GABINO REMIGIO EYRA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10387	DE LUNA DERMA EZEQUIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10388	BAUTISTA LOPEZ EZEQUIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10389	REY RUBIO EZEQUIEL ARAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10390	ORTEGA ZARATE RICARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10391	ACOSTA JIMENEZ SAMARA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10392	HOLGUIN NIETO FABIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10393	SALGADO VALLES FABIAN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10394	VILLELA RIVERA SAMUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10395	RIVERA MIRANDA FABIAN ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10396	ENRIQUEZ HERNANDEZ FABIAN SANTIAGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10397	SAENZ LOPEZ FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10398	BUITIMEA NERI FABIOLA IVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10399	ARAGON RODRIGUEZ FABRIZIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10400	RICO MORENO FATIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10401	PADILLA TAMAYO ROLANDO PAVEL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10402	GARCIA FRIAS FATIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10403	CHAVEZ MARTA FATIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10404	HINOJOS GALAZ FATIMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10405	HERNANDEZ LOPEZ FATIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10406	HERNANDEZ SAENZ FATIMA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10407	MURO CHAVEZ FATIMA ARANTZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10408	DOUGLAS MEDINA FATIMA DE LOURDES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10409	DIAZ QUIÑONEZ FATIMA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10410	REYES MEDRANO FATIMA ENRIQUETA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10411	MATRON SAENZ FATIMA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10412	CHAVEZ SANCHEZ MARISSA ALEJANDRA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10413	GALLEGOS SALMON FATIMA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10414	PEÑA QUINTANA OSCAR URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10415	LOPEZ ARELLANES FATIMA JOCELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10416	ENRIQUEZ VILLARREAL ROXEN TAMARA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10417	DOMINGUEZ GAVIA SEBASTIAN LUCIANO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10418	CHAVEZ DORADO FATIMA LISSET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10419	QUINTANA GUILLEN SARAH PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10420	GARCIA CAÑEZ FATIMA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10421	ALVIDREZ BARRIOS FATIMA MAGDALENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10422	MENDOZA CARRERA FATIMA MARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10423	MENDOZA ARZAGA FATIMA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10424	RODRIGUEZ FLORES FATIMA ODALIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10425	NAVARRETE HERRERA FATIMA ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10426	LUNA LOZANO FEDERICO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10427	RODRIGUEZ ESPARZA FEDERICO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10428	VILLALOBOS ZAMORA FEDERICO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10429	OCHOA VELA FEDRA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10430	MARTINEZ YAÑEZ FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10431	VAZQUEZ CAMPOS FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10432	BAEZ CASAVANTES FELIPE ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10433	GALINDO MARCHAND FELIPE DE JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10434	RIOS RAMIREZ FELISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10435	RODRIGUEZ FIERRO FELIX ESTEBAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10436	DELGADO MALDONADO FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10437	JASSO MUÑOZ FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10438	TORRES TAPIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10439	VALENCIANO MORILLON OSCAR WILLIAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10440	FRANCO MESTA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10441	OZAETA VILLARREAL FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10442	PEREZ HERNANDEZ FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10443	GARCIA AGUILERA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10444	HERNANDEZ ALVAREZ FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10445	BETETA CARRASCO FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10446	CASTAÑEDA VALENCIA OSIEL GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10447	LOPEZ CARRILLO FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10448	MEDINA GONZALEZ FERNANDA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10449	RODRIGUEZ LEYVA FERNANDA DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10450	SANDOVAL VILLEGAS FERNANDA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10451	VEGA CHACON FERNANDA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10452	GONZALEZ LUNA OSMAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10453	CAMARILLO GUZMAN FERNANDA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10454	MUÑOZ GONZALEZ FERNANDA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10455	MORALES BALDERAS FERNANDA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10456	ROSAS SILVA FERNANDA VERONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10457	NEVAREZ VILLANUEVA FERNANDA YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10458	LERMA ACOSTA FERNANDA YOSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10459	HERNANDEZ CASTRO FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10460	PIÑA GUEVARA FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10461	MARQUEZ ARMENDARIZ FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10462	ZAMORANO GRIJALVA FERNANDC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10463	IRIGOYEN MORALES FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10464	RODRIGUEZ RODRIGUEZ FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10465	BATISTA RASCON FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10466	ESCARCEGA RIOS FERNANDO ADAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10467	CHAVIRA GONZALEZ FERNANDO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10468	ACOSTA LOBO SAMUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10469	POMPA LOYA FERNANDO ALAMIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10470	VENEGAS GUTIERREZ FERNANDO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10471	SOTO ESPARZA FERNANDO ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10472	HERNANDEZ ESTEVEZ FERNANDO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10473	DEL ANGEL GONZALEZ FERNANDO ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10474	QUINTANA GARCIA FERNANDO DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10475	SILVADORAY GARCIA SAMUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10476	RODRIGUEZ BENCOMO FERNANDO JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10477	VAZQUEZ SOLTERO FERNANDO RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10478	TREJO TORRES FIDEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10479	CARO ARMENDARIZ FLAVIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10480	ARREDONDO RAMOS FLOR ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10481	ARAGON MARTINEZ OSMAN OBED	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10482	MACIAS MENDOZA FLOR ALEXIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10483	RINCON MORENO FLOR ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10484	GASTELUM MATA FLOR DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10485	RODRIGUEZ RAMIREZ FLOR ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10486	URBINA RICO FLOR ESTRELLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10487	MIGUEL TERAN FLOR LETICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10488	RODRIGUEZ NAVARRO FLOR PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10489	CARRILLO NIETO FLOR ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10490	GUTIERREZ PEREZ FLOR VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10491	MORENO MARTINEZ FLORENCIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10492	CHANEZ DE LA ROSA FRANCIA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10493	ORTIZ CASTILLO FRANCIA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10494	MONTES GARZA FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10495	ESCOBEDO GARCIA FRANCISCO ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10496	DE LA ROSA MANJARREZ FRANCISCO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10497	HERRERA OJEDA FRANCISCO ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10498	BARRERA ALVIDREZ FRANCISCO AMADO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10499	PRIETO . FRANCISCO AMBELAIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10500	GARAY GOYTIA FRANCISCO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10501	HOLGUIN MANCILLAS OSVALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10502	ZAPATA MORALES FRANCISCO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10503	CASTAÑEDA SANCHEZ FRANCISCO EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10504	MARIÑELARENA FIERRO FRANCISCO ELIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10505	ALMANZA LOPEZ FRANCISCO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10506	ANGUIANO CISNEROS FRANCISCO ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10507	VARGAS GALAVIZ FRANCISCO GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10508	QUEZADA PICENO FRANCISCO JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10509	VARGAS MONJARAS FRANCISCO JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10510	RUIZ VALDEZ FRANCISCO JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10511	URRUTIA CORDERO FRANCISCO JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10512	CHAVIRA VELETA OSWALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10513	RODRIGUEZ SANCHEZ FRANCISCO JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10514	VELAZQUEZ FRANCO FRANCISCO JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10515	MARTINEZ MENDOZA FRANCISCO SADATH	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10516	SANSON HERNANDEZ FRIDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10517	APODACA MAJALCA FRIDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10518	HINOJOS URQUIDI FRIDA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10519	QUIROZ HERNANDEZ OZIEL ADOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10520	ORTEGA CAZAREZ FRIDA CHANTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10521	GONZALEZ FLORES PABLO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10522	MUÑOZ AGUIRRE ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10523	RUIZ OROZCO FRIDA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10524	PEREZ CORDOVA FRIDA JASBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10525	CARAVEO DE LA ROSA FRIDA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10526	LECHUGA MEDINA PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10527	AGUILAR PALACIOS FRIDA MICHEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10528	FLORES JARAMILLO FRIDA SABRINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10529	HERNANDEZ DOMINGUEZ SARAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10530	FUENTES SOTO SELENA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10531	ORTIZ ENRIQUEZ FRIDA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10532	HERNANDEZ RAMOS FRIDA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10533	QUIÑONES HERNANDEZ FRIDA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10534	FERNANDEZ ANDREW FRIDA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10535	DIAZ CHAVEZ FRIDA XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10536	CHACON CARRILLO FRIDA YOLANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10537	MIRANDA ALVAREZ FRIDA YUZALET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10538	CASTILLO COVARRUBIAS FROYLAN JOCSAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10539	RUIZ MARRUFO GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10540	VALLE DOMINGUEZ GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10541	SAUCEDO LOPEZ GABRIEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10542	ARAGON GONZALEZ GABRIEL ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10543	ALVARADO TOBIAS ROSALINDA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10544	GARCIA TORRES GABRIEL ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10545	HERNANDEZ CISNEROS ROCIO GABRIELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10546	ESPINOZA CORDOVA GABRIEL ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10547	MAGAÑA CHAVEZ GABRIEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10548	SAENZ CHACON GABRIEL EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10549	PEREGRINO HERNANDEZ NANCY LORENA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10550	DE LOS RIOS MOLINA SARAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10551	CONTRERAS CANO PABLO AARON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10552	GARCIA VALENCIA GABRIEL MITCHEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10553	POMPA RODRIGUEZ PABLO ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10554	JIMENEZ RUIZ GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10555	MONTOYA PEREZ PABLO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10556	SANCHEZ RAMIREZ GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10557	CANO ROA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10558	RAMOS CARAVEO GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10559	PAZ VAZQUEZ GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10560	LIRA HERRERA SARAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10561	AMAYA MENDEZ GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10562	CHACON MARQUEZ PABLO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10563	BAÑUELAS MALDONADO GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10564	GUTIERREZ ROMERO PABLO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10565	SALAZAR CHACON PABLO CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10566	AREVALO BARRAGAN GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10567	MARTINEZ VILLALOBOS RICARDO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10568	FIGUEROA LINARES GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10569	ANTILLON AVIÑA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10570	TERRAZAS CHAVIRA GABRIELA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10571	GOMEZ OROZCO GABRIELA EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10572	DELGADO ISLAS GABRIELA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10573	VILLA GREGO OCTAVIO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10574	MARIN GILL GABRIELA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10575	LUJAN BALDERRAMA GABRIELA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10576	CARBALLO ECHEVERRIA GABRIELA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10577	GUTIERREZ RUVALCABA GABRIELA STEPHANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10578	SOTELO CARRASCO GADIEL ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10579	PACHECO MORALES GEMA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10580	MONTENEGRO PONCE PABLO ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10581	MAYNEZ ALVARADO GEMA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10582	MENDOZA FLORES PABLO MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10583	NAVA ROMERO GEMA GRISEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10584	MARQUEZ LUJAN AXEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10585	VEGA NAÑEZ GEMALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10586	CHAVEZ PEÑA GENARO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10587	GUTIERREZ CHAVIRA GENARO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10588	CHAPARRO MATA GENESIS ALMENDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10589	GUTIERREZ PRIETO GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10590	MELLENDEZ ROJANO PABLO SANTOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10591	MARTINEZ MESTA BRENDA THAMARA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10592	SANTOS MORALES GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10593	REYES REZA GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10594	TARANGO ANCHONDO GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10595	PEREA PEÑA GERALDY ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10596	GARCIA CASTILLO GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10597	PEREZ MUÑOZ GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10598	CORRAL FERNANDEZ GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10599	ARMENDARIZ MEJIA PALMIRA ZAYLETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10600	ORTIZ ESTEBAN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10601	MORALES MALDONADO GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10602	GONZALEZ MANJARREZ GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10603	DEL VAL BAILON GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10604	CORRALES HERRERA GERARDO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10605	HERNANDEZ PEREYRA GERARDO ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10606	MARQUEZ POMPA GERARDO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10607	RIVERA RIOS PALOMA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10608	CORRAL NORIEGA GERARDO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10609	MARTINEZ SERRANO GERARDO ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10610	HERNANDEZ BATISTA GERARDO NITRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10611	ESPINO GARCIA SARAI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10612	ZUBIA CORNELIO GERMAN ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10613	FLORES AGUILAR GERMAN OZIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10614	CORONA FLORES GERMAN ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10615	CAZARES SALAZAR PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10616	CERVANTES QUIÑONEZ GETSEMANI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10617	LOYA GUTIERREZ GIBRAN GUILLERMO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10618	CHAVEZ SEPULVEDA GILBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10619	HOLGUIN HERRERA PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10620	GARCIA DELGADO GILBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10621	VALDEZ ARREOLA GILLETTE ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10622	GASTELUM MORENO GIOVANNA JOLIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10623	ROQUE RIVAS GIREL DEL CARMEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10624	MORENO NEVAREZ GISEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10625	RODRIGUEZ REYES GISELA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10626	LOPEZ HERNANDEZ SAMUEL URIEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10627	MUÑOZ ZAMORA GISELA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10628	CHACON MONTES GISELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10629	NUÑEZ MILLAN GISELLE ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10630	VALENTE REYES GISELLE ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10631	CARRASCO VILLA GISELLE ARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10632	GUERRERO VERA GLADYS ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10633	ARAGON LOPEZ SAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10634	NEVAREZ Riestra Glenda Berenice	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10635	RUIZ SANDOVAL GLENDY JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10636	PRIETO CRUZ GLORIA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10637	ANCHONDO VILLANUEVA GLORIA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10638	OCHOA RAMIREZ GLORIA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10639	RODRIGUEZ ROBLES GLORIA MARLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10640	LEDEZMA HEREDIA GLORIA SARETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10641	VALENZUELA BORUNDA GRACIA ODETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10642	RODRIGUEZ LARA GRECIA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10643	COCO CARRILLO GRECIA MISHELE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10644	REYES COPAS GRECIA NAIAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10645	MARTINEZ RECODER GRECIA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10646	VELAZCO ARIAS GRETCHEN MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10647	CHAPARRO VENZOR GRETTEL SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10648	CORRALES LOPEZ GRICEL BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10649	BACA MANRIQUEZ GRISEL JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10650	PORRAS GANDARA GRISELDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10651	RAMIREZ GARCIA GRISELDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10652	ROSAS ALANIS GRISELDA ARLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10653	CORRAL GOMEZ GRISSEL DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10654	MASTACHE ACEVEDO GRYSEL GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10655	GONZALEZ . GUADALUPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10656	JURADO DIAZ GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10657	AGUILAR PEREZ GUADALUPE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10658	MELO ANCONA SAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10659	HINOJOS MONTOYA GUADALUPE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10660	MONTES MADRID PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10661	ENRIQUEZ DELGADO PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10662	SANCHEZ IBARRA GUADALUPE ARELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10663	OLIVARES CAMPOS PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10664	CERA ROBLEDO GUADALUPE DALAY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10665	HERNANDEZ PIMENTEL GUADALUPE FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10666	MONTEMAYOR MAYORGA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10667	FAUDO A FLORES GUADALUPE IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10668	REYNA CASTILLO GUILLERMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10669	PALMA HERNANDEZ SERGIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10670	MORALES FUENTES GUILLERMO ANDRE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10671	PADILLA MARTINEZ GUILLERMO DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10672	CAMPOS MORENO PAMELA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10673	FIERRO COVARRUBIO GUILMY TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10674	MONTES MONTES GUSTAVO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10675	ANAYA MOLINA GUSTAVO ADOLFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10676	CHAVEZ MACIAS GUSTAVO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas									
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia									
		Día Mes Año									
10677	FAVELA FERRALES GYSSEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10678	RENTERIA BARRIO HABID ELI	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10679	MARTINEZ LOPEZ HANNA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10680	GUTIERREZ CORRAL HANNA SOFIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10681	PIÑON BARRAZA HANNIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10682	FIERRO SOLIS HANNIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10683	JASSO DUARTE HANNY KIBEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10684	TORRES JAYDAR HAROLDO IGNACIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10685	SALAZAR RODRIGUEZ PAMELA SAMANTHA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10686	AVILES MARTINEZ HARVY	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10687	RODRIGUEZ GONZALEZ HASSIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10688	FELIX ARMENDARIZ HAYLINE SUSANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10689	ROMERO RAMOS PAOLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10690	MARRUFO ARMENTA HAZEL DAYANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10691	MORALES NIETO HEBER	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10692	ORTEGA TREJO HEBER ALDAIR	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10693	CUEVAS MARTINEZ RUBEN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10694	CASTRO ROSARIO HECTOR ABRAHAM	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10695	GALLEGOS SIGALA RICARDO	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10696	MARTINEZ CHAVARRIA PAOLA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10697	AGUIRRE ARMENDARIZ PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10698	ROA MORENO HECTOR ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10699	CASTRO PEREGRINO HECTOR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10700	FERNANDEZ JACQUEZ HECTOR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10701	ISLAS SANTANA HECTOR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10702	VILLAN TERRAZAS HECTOR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10703	MOLINA MEDRANO HECTOR ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10704	OSUNA RODRIGUEZ HECTOR ARTURO II	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10705	MATA GONZALEZ SANDRA BELEN	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10706	MARTINEZ ESPINO HECTOR DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10707	GALINDO ROMERO HECTOR FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10708	BRIONES LIRA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10709	HERNANDEZ PORTILLO HECTOR GIOVANNI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10710	ORNELAS CORDOVA HECTOR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10711	AVILEZ SAENZ HECTOR JAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10712	REY GONZALEZ HECTOR JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10713	ARANDA ROMANO HECTOR LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10714	VILLALOBOS MATA HECTOR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10715	MARTINEZ HOLGUIN HECTOR SAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10716	ORTIZ RIVERA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10717	LARA GUERRA HECTOR SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10718	CASTILLO AVILA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10719	MUÑOZ RUELAS HEIDI JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10720	MARTINEZ TORRES PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10721	OLIVAS SOLIS HEIDY JASSEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10722	ONTIVEROS MEDINA HEIDY MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10723	DELGADO AGUIRRE HEIZZEL NATALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10724	ALMANZA VILLA HENDRICK EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10725	MARMOLEJO CARRILLO HESSEL ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10726	RIOS ARMENDARIZ PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10727	PACHECO RODRIGUEZ HEVER FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10728	TORRES VALENZUELA HIRAM JAFET	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10729	SALCIDO GARCIA HIRAM JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10730	OCHOA VELAZQUEZ HIRAM ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
10731	CONTRERAS NUÑEZ HOMAR ANDRE	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10732	TORRES DOMINGUEZ PAOLA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10733	SAENZ MADRID PAOLA ALEJANDRA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10734	PEREZ MORALES HOMER	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10735	FLORES ALMANZA HORACIO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10736	SALCIDO RAMIREZ HORACIO ALAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10737	FRIAS CRUZ HUBER SALVADOR	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10738	SANDOVAL ORTEGA HUGO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10739	VAZQUEZ OROZCO HUGO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10740	SORIANO MEDINA PAOLA ANGELICA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10741	BARRIGA MERAZ HUGO ABRAHAM	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10742	ADAME FALCON HUGO ALEJANDRO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10743	VALLES OLIVAS HUGO ALEXIS	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10744	ORTIZ CHAVEZ HUGO ALFONSO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10745	CRUZ ESPINOZA HUGO CESAR	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10746	BECERRA GANDARA HUGO EDIBRAY	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10747	PEREZ ANTILLON HUGO SAHID	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10748	BALDERRAMA BELTRAN PAOLA CAMILA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10749	MENDOZA SOTO PAOLA ELIZABETH	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10750	CARDONA BELKOTOSKY HUGO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10751	PULIDO ZAZUETA HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10752	CRUZ HERNANDEZ PAOLA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10753	ZENDEJAS MENDOZA HUMBERTO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10754	RAMIREZ DOMINGUEZ HUMBERTO ISMAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10755	CASTILLO HERNANDEZ IAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10756	DAVILA DIAZ PAOLA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10757	POLANCO ROBLES IAN FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10758	ALMANZA GONZALEZ IAN RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10759	CHAVEZ MARTINEZ IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10760	OROZCO TORRES IDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10761	BELTRAN CABALLERO IDANIA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10762	RODRIGUEZ SIAS IDANIA VANELLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10763	TARANGO FLORES SANDRA ELISA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10764	CASTELO ARREOLA ILCE GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10765	GUERRERO BELTRAN ILDELISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10766	SOSA CORONA ILEANA NATHALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10767	RUIZ ORTIZ ILIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10768	SEÑEZ TREVIZO SAUL ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10769	SAUCEDO VAZQUEZ PAOLA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10770	MIJAREZ MORALES ILIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10771	GARIBAY RIVERA ILSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10772	MALDONADO PEREZ ILSE FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10773	CHOREÑO PINEDO PAOLA ISOLDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10774	MELLENDEZ VAZQUEZ ILSE GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10775	JUAREZ SANCHEZ PAOLA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10776	AYALA FLORES ILSE LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10777	CASTILLO DIAZ ILSE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10778	LIMAS ELIZALDE PAOLA JOHANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10779	MONGE ARZOLA ILSE PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10780	HOLGUIN MENDEZ IMELDA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10781	HERNANDEZ JAQUEZ INDIRA MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10782	GARCIA GARCIA INDRA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10783	DE LA ROCHA FRAGOSO INELVA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10784	GANDARA CARRILLO PAOLA KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10785	MENDOZA GUTIERREZ PAOLA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10786	GUZMAN PEREZ INGRID KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10787	OLIVAS ENRIQUEZ IRAIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10788	CARRASCO ROBLES IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10789	PACHECO CARO IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10790	RIOS FIERRO IRAM GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10791	ROBLES JIMENEZ IRAM HASSAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10792	DIABB SANCHEZ MARTHA ALEJANDRA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10793	JURADO HERNANDEZ IRAM ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10794	TARIN LOYA IRAM VALDEMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10795	DELGADO CANO IRAN ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10796	PEREZ ESTRADA IRAN ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10797	ANCHONDO TORRES IRAN JAYLINNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10798	PIÑON CASTILLO IRASEMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10799	FAVILA MONTANA IRENE ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10800	ISLAS PEREZ PAOLA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10801	VALLES GAMBOA IRIS ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10802	CHAVEZ FLORES IRIS MARISOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10803	REYES PORRAS PAOLA MICHELL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10804	COVARRUBIAS FLORES IRIS VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10805	PEREA AGUIÑAGA IRLANDA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10806	TORRES HERNANDEZ IRLETH VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10807	SANCHEZ ZAVALA PAOLA NOHEMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10808	FLORES CALZADILLA IRMA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10809	BURCIAGA PONCE IRMA GIOVANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10810	ONTIVEROS PEINADO IRMA JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10811	FLORES MORENO IRMA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10812	GUTIERREZ GUTIERREZ IRMA YOVANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10813	SANTOS RODRIGUEZ IRVIN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10814	TORRES CARRANZA IRVIN ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10815	BAILON ARMENDARIZ PAOLA SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10816	NERI FLORES IRVIN AMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10817	LOPEZ HERNANDEZ IRVIN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10818	ALVAREZ VARELA IRVIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10819	RAMOS MENDOZA IRVIN GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10820	MAJALCA DOMINGUEZ IRVIN JOHALY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10821	VILLANUEVA GUTIERREZ IRVIN SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10822	MEDRANO RUIZ PAOLA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10823	SANDOVAL CONTRERAS PAOLA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
10824	DOMINGUEZ GUILLEN IRVING ALAN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10825	RODRIGUEZ BATISTA IRVING ALEJANDRO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10826	ARMENDARIZ ORTEGA CARLA JOSELIN	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10827	DOMINGUEZ URBINA IRVING DAMIAN	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10828	AGUILAR ORDAZ PAOLA VERONICA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10829	MORALES LOPEZ IRVING EMMANUEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10830	BALDERRAMA ADAME MARTIN RENE	38 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10831	RAMOS RODRIGUEZ IRVING EZEQUIEL	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10832	RODRIGUEZ TERAN IRVING FERNANDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10833	VILLEGAS PALAFOX IRVING FERNANDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10834	MORALES GUEVARA IRVING ISAAC	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10835	GOMEZ GONZALEZ IRVING JAIR	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10836	ALVARADO OROZCO IRVING JOAZZAM	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10837	RIOS IBARRA IRVING LORENZO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10838	CASTELLO MAGALLANES RODOLFO JULIO	28 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10839	HERNANDEZ MALDONADO IRVING OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10840	ACOSTA GALINDO IRVING RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10841	PINEDA GARCIA ISA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10842	VILLA RODRIGUEZ ISAAC DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10843	TARANGO PIMENTEL SAUL ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10844	LOPEZ GRANIEL ISAAC EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10845	CANO PRIETO ISAAC YAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10846	AGUILAR BELTRAN RODRIGO ISAIAS	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10847	PONCE BARRERA SAUL BRYAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10848	SIFUENTES QUEZADA PAOLA VIRGINIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10849	OROZCO GUTIERREZ ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10850	GONZALEZ ORDOÑEZ ISABEL GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10851	CAMARILLO OGAZ ISABEL NATALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10852	LAZARO GONZALEZ ISACC SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10853	MONTOYA TREJO ISAIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10854	RIVAS DOMINGUEZ ISAID ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10855	DELGADO NATIVIDAD ISIDRO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10856	CASTILLO RIVERA ISIS ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10857	RAMIREZ MEJIA ISIS ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10858	ZAPATA NEUFELD ISLA ELIZABETHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10859	LOPEZ MARTINEZ PATRICIA DEYANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10860	BOJORQUEZ APODACA ISLEY YAZIM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10861	CHAVEZ FERNANDEZ ISMAEL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10862	LOPEZ IRACHETA ISMY YERAYTEA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10863	GARCIA DEL CASTILLO ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10864	MANTILLA GRANADOS ISRAEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10865	AGUIRRE URQUIDI ITSELH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10866	ESTRADA BELTRAN ITZA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10867	CECEÑA MONJARAZ ITZA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10868	PEREZ SOTO ITZA JAMISLEIDY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10869	MERINO NORIZ ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10870	GARZA RODRIGUEZ ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10871	SANCHEZ FERNANDEZ ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10872	ORTEGA RODRIGUEZ ITZEL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10873	RASCON ESTRADA ITZEL ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10874	CASTRO BELTRAN ITZEL ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10875	LOPEZ DURAN ITZEL ANNETT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10876	GARCIA TAPIA ITZEL ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10877	ACOSTA CORRAL ITZEL CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10878	FACIO BERNAL PATRICIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10879	HOLGUIN GILL ITZEL DARIANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10880	HOLGUIN MELENDEZ ITZEL GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10881	NAVARRO CASTILLO ITZEL GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10882	RENTERIA HINOJOSA ITZEL MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10883	TELLEZ MARTINEZ RUBEN	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10884	CELIZ GONZALEZ ITZEL MARLEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10885	RODRIGUEZ AGUILAR ITZEL PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10886	TAGLE CARRILLO ITZEL ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10887	PORTILLO MARRUFO ITZEL SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10888	FLORES CARDENAS ITZEL SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10889	MARQUEZ CARDENAS ITZEL VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10890	RODRIGUEZ GUADERRAMA PAUL HUMBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10891	SALCEDO ESCAPITA PAUL JULIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10892	JUAREZ ORTEGA PAULA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10893	HERNANDEZ PEREZ ITZEL YARED	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10894	CORRALES ARELLANES ITZEL YOCELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10895	ALTAMIRANO RIOS ITZZEL YARLENNY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10896	BALDERRAMA ROMERO IVAIN PALOMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10897	CARRILLO TORRES PAULA YURITZEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10898	ARANDA VELDERRAIN IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10899	GUTIERREZ MARTINEZ IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10900	BENITEZ ACEVEDO PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10901	MENDOZA SAENZ IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10902	ARBALLO ENRIQUEZ IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10903	GAYTAN TERRAZAS IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10904	SANCHEZ CHAVEZ IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10905	SOSA TORRES IVAN ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10906	CALZADILLAS GRAJEDA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10907	VILLALOBOS ACOSTA IVAN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10908	SANCHEZ TENA IVAN ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10909	CARRILLO ALVARADO IVAN ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10910	CASTILLO SOLIS IVAN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10911	TORRES MOLINA IVAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10912	GONZALEZ DURAN IVAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
10913	DELGADO RAMIREZ IVAN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10914	NAVARRO PIÑON IVAN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10915	RAMOS REYES IVAN JACOB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10916	GONZALEZ NAVARRETE IVAN JOHARY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10917	GUERRERO CONTRERAS IVAN LEONARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10918	TENA GUERRERO IVAN LEONEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10919	PALACIOS CHAVEZ IVAN NOE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10920	PORTILLO CORONA IVAN ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10921	CEPEDA CORRALES SAUL DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10922	VILLALOBOS LUNA IVANA ASTRID	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10923	ENRIQUEZ RASCON IVANA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10924	ESQUIVEL PEREIDA IVETH ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10925	MUÑOZ CASTILLO IVETH ANGELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10926	RIOS RAMIREZ PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10927	MARTINEZ TORRES IVETH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10928	MENDOZA MARQUEZ PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10929	BURROLA BITAR SAUL ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10930	SANTIESTEBAN IBARRA IVETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10931	GONZALEZ VAZQUEZ IVETTE BRITNEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
10932	MEDINA VILLALOBOS IVETTE NAYELI	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10933	OZAETA RUIZ IVON ODALY	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10934	ESTRADA LOZOYA IVONNE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10935	MARTINEZ RUIZ IVONNE ELIZABETH	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10936	MORALES SOTO IVONNE MONSERRAT	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10937	URIAS CHACON IVONNE YAZMIN	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10938	LEDEZMA ESPARZA IXCHEL ANGELICA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10939	HERNANDEZ SOLIS IXCHEL ESMERALDA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10940	OCON DURAN PAULINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10941	SOLIS GUZMAN JACKELINE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10942	MORENO ACEVEDO JACOB ALEJANDRO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10943	ARANA RAMIREZ JACQUELIN	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10944	VILLEGAS GASSON JACQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10945	MORALES MARTINEZ PAULINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10946	REYES CHAVEZ JACQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10947	VELA SALGADO JACQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10948	GABALDON RAMIREZ PAULINA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10949	BALDERRAMA DIAZ SAYDA AYLIN	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10950	ARRAS LOZANO JACQUELINE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10951	MEXIA GILL JACQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
10952	TORRES SALCIDO JACQUELINE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10953	BOUCHAN CAZARES JACQUELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10954	BELTRAN URUETA JAIME	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10955	ROCHA RASCON JAIME ABIMELEC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10956	CORRAL RAMIREZ JAIME ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10957	RIOS GUERRERO PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10958	LUJAN BAEZA JAIME ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10959	BRIONES RIOS JAIME ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10960	AGUIRRE BACA JAIME HORACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10961	CHAPARRO MONTES JAIME ISAID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10962	MORALES FRAGOSO PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10963	ESPINO DE ALBA JAIME JACOBO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10964	LARA CHAVIRA JAIR ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10965	BACA NUÑEZ JAIR ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10966	PALOMINO ZAPATA JAIR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10967	GARCIA JURADO SANDRA IVETTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10968	HERNANDEZ DURAN JAIRO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10969	MONTES NUÑEZ JANA LEITIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10970	NAVARRO RAMOS JANET VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10971	ESTRADA CHAVEZ JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10972	ESCOBEDO ROMAN JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10973	CASTRO MIRANDA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10974	MENDOZA LOBO GUERRERO PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10975	GARCIA ENRIQUEZ PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10976	LOYA FELIX JAKCIRI ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10977	REYES AYALA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10978	BARRAZA ESQUIVEL JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10979	CASTILLO MOLINA JANETH AMAIRANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10980	GOMEZ SOTO JANETH ARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10981	DUARTE TORRES JANSEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10982	DIAZ CRUZ JAQUELIN ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10983	PEREZ ROMAN JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10984	MARTINEZ MERKINS PAULINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10985	LOPEZ ZEPEDA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10986	LOZOYA MARQUEZ JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10987	ENRIQUEZ SOSA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10988	MARIN OLIVAS JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10989	FONTES HOLGUIN JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10990	PORRAS REYES JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10991	DOMINGUEZ SALCEDO JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10992	BARRAZA ESQUIVEL JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10993	ENRIQUEZ RENTERIA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10994	MARINEZ HOLGUIN JAQUELINE ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10995	LARA LOPEZ JAQUELINE ESTHER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10996	TARANGO CASTAÑEDA JAQUELINE GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
10997	PROAÑO LOYA JARAHELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10998	ARREDONDO CHAVEZ JARED	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
10999	JACQUEZ GONZALEZ PAULINA AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11000	MUÑIZ CASTILLO JARETH ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11001	SANCHEZ MARISCAL JARETZI CRISTEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11002	LOPEZ RODRIGUEZ JASON ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11003	FAVELA ROCHA JASON HANNEY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11004	VARGAS ESTRADA SAYLI PRISCILLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11005	SIQUEIROS LOPEZ JASSIEL RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11006	CHAVEZ TARIN JASSON ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11007	ACOSTA ESPINOZA JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11008	UGARTE CONTRERAS JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11009	FLORES ORDOÑEZ JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11010	ARTEAGA NAVARRETE JAVIER ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11011	JUARICO CERECEDA JAVIER ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11012	GARCIA GARCIA JAVIER ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11013	GALAN GUTIERREZ JAVIER ANDRE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11014	BACA VALENZUELA JAVIER ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11015	CHACON TREVIZO JAVIER ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11016	VAZQUEZ VILLALOBOS JAVIER ARNOLDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11017	CHACON MORALES JAVIER ARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11018	RASCON SANTANA PAULINA DENI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11019	AGUILAR MUÑOZ JAVIER EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11020	VALENZUELA RAMOS JAVIER EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11021	MALDONADO GODINA PAULINA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11022	GALINDO VEGA JAVIER EFRAIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11023	CARRERA REYES JAVIER ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11024	APODACA BONILLA JAVIER ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11025	LINSS SEPULVEDA SCARLET GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11026	MORENO NUÑEZ JAVIER IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11027	REZA SANTOS JAVIER IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11028	PORTILLO PALMA JAVIER OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11029	MARTINEZ CISNEROS PAULINA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11030	ARRIETA MARTINEZ PAULINA IVETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11031	CHAVEZ AGUIRRE JAVIER RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11032	RAMIREZ CARRILLO JAZBEL ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11033	CHAVEZ HOLGUIN JAZEEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11034	ANCHONDO MENDOZA PAULINA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11035	HINOJOS RODRIGUEZ JAZIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11036	DANIEL VILLALOBOS JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11037	CASTRO ESCOBEDO JAZMIN ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11038	ROMERO TREVIZO JAZMIN ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11039	GOMEZ ESCOBEDO JAZMIN ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11040	RUIZ PAEZ PAULINA LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11041	GARIBAY PIÑA JAZMIN GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11042	GRIJALVA POLANCO JAZMIN ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11043	AGUIRRE PORTILLO PAULINA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11044	TINAJERO CASTRO JAZMIN ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11045	MORA TORRES PAULO CESAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11046	AGUIRRE FLORES JAZMIN JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11047	FLORES MANRIQUEZ SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11048	AVILA RAMIREZ MARIO ALBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11049	SALCIDO AGUILAR JEAMMY GIOVANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11050	MARTINEZ DOMINGUEZ PAVEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11051	JARAMILLO JIMENEZ JEAN CARLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11052	SANTOYO CHAVEZ JEAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11053	TIZCAREÑO MACHADO SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11054	ESQUIVEL MORENO JEANETTE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11055	AVILA GONZALEZ JEANY EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11056	LUNA CHAPARRO JEDER ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11057	CHAVEZ VILLALOBOS PEDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11058	GARCIA GIESBRECHT JEFFREY CALEB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11059	CASTILLO NUÑEZ JEFFREY VALERIANO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11060	VALDEZ TORRES JEIMI NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11061	ARVIZO CANO JEIMY ARIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11062	VICENCIO MARRUFO JEIMY JOCELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11063	GARCIA PALMA JEIMY RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11064	HERNANDEZ . JEMBERLY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11065	OLIVAS CARRILLO JENIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11066	CERECERES RAMIREZ JENIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11067	QUINTANA JAQUEZ JENIFFER VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11068	TORRES MERCADO SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11069	TORRES FLORES JENNIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11070	ALVAREZ NIETO JENNIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11071	CHACON CAMPOS JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11072	AGUIRRE SEPEDA JENNIFER	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11073	TORRES CASTRO JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11074	ROMERO MONTOYA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11075	FAVELA SILVA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11076	JUAREZ GARCIA JENNIFER ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11077	VILLALPANDO LOPEZ JENNIFER AYLIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11078	DURAN ORTEGA SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11079	ROBLES TARANGO JENNIFER DAMARIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11080	VILLALOBOS DIAZ JENNIFER IRAIZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11081	MONTALBAN NEVAREZ JENNIFER LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11082	MOLINA BARAJAS PEDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11083	SALCIDO HERNANDEZ JENNIFER PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11084	ACOSTA VILLA JERALDY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11085	ESPINO GONZALEZ JESICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11086	DELGADO CONTRERAS JESICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11087	SALCIDO CADENA JESICA YAMILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11088	LOPEZ BLANCO JESSICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11089	REYES MARQUEZ JESSICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11090	FACIO RUIZ JESSICA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11091	PAYAN MORALES JESSICA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11092	PONCE VIDAL JESSICA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11093	LOPEZ SANCHEZ JESSICA ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11094	MARQUEZ DOMINGUEZ JESSICA ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11095	JIMENEZ NEVAREZ JESSICA ARELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11096	ITURRALDE MAYNEZ JESSICA ARELY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11097	GARCIA CASTRO JESSICA ELIZABETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11098	RICO RODRIGUEZ JESSICA ELIZABETH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11099	TRUJILLO PEREZ JESSICA LIZETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11100	REYES LOPEZ JESSICA LIZETTE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11101	LOPEZ DAVILA JESSICA MARLEN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11102	MARTINEZ PAREDES PEDRO ABRAHAM	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11103	ESCARCEGA RAMOS JESSICA ODETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11104	VILLALBA PEREZ JESSICA PAMELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11105	GOMEZ ARTEAGA JESSICA YAMEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11106	BALDERRAMA ALVAREZ JESUS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11107	SAENZ VALDEZ JESUS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11108	MAYNEZ BURCIAGA JESUS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11109	GONZALEZ OCHOA JESUS AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11110	DIAS GONZALEZ JESUS AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11111	ARAUJO MELENDEZ JESUS AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11112	BRAVO VAZQUEZ SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11113	VEGA VARGAS JESUS AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11114	CARO GAXIOLA JESUS ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11115	REYES HERNANDEZ JESUS ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11116	GARCIA RUIZ SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11117	MARTINEZ ESTRADA JESUS ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11118	ROMERO MOLINA JESUS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11119	LOYOLA GONZALEZ JESUS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11120	SOTO CHAVARRIA JESUS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11121	LEDESMA PRADO PEDRO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11122	PEREZ CANO JESUS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11123	APODACA VALVERDE PEDRO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11124	GALLEGOS RODRIGUEZ JESUS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11125	RODRIGUEZ JAQUEZ PEDRO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11126	RESENDIZ PRIETO SEBASTIAN ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11127	MOLINA DURAN JESUS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11128	BOJORQUEZ BARRAZA PEDRO LEONARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11129	FERNANDEZ BORREGO JESUS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11130	MINJAREZ CHAIREZ JESUS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11131	SALINAS ALVARADO JESUS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11132	DOMINGUEZ OLIVAS JESUS ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11133	TENA RIVAS JESUS ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11134	DOMINGUEZ BURCIAGA JESUS ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11135	LOZOYA RUIZ JESUS ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11136	GONZALEZ GRIJALVA JESUS ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11137	HOLGUIN TORRES PERLA ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11138	ARMENDARIZ CASTILLO JESUS ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11139	GUTIERREZ FRANCO JESUS ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11140	HERNANDEZ AGUILERA JESUS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11141	BECERRA CORONA SERGIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11142	SOTO MONARREZ JESUS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11143	ALMANZA JAQUEZ JESUS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11144	GIL PARRA JESUS ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11145	MORAN FLORES JESUS ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11146	MATA ORTIZ JESUS ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11147	JIMENEZ RODRIGUEZ RICARDO ISMAEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11148	GUILLEN CHAVEZ RUBEN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11149	FIERRO AGUIRRE JESUS BERNARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11150	GUTIERREZ MENDOZA JESUS BRAYAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11151	FLORES RODARTE JESUS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11152	VENEGAS CHAVEZ ROLANDO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11153	CISNEROS TARANGO JESUS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11154	BRAVO CARLOS JESUS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11155	RODRIGUEZ GALARZA SERGIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11156	RODRIGUEZ CARDONA JESUS DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11157	BATISTA MARTINEZ JESUS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11158	RUIZ CASTILLO JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11159	MONTES ALVIDREZ JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11160	DAVILA SANCHEZ CARLOS EDUARDO	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11161	ARVIZO GARCIA JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11162	GARCIA OLIVAS JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11163	MATA DE LA O JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11164	LUQUE MELENDREZ JESUS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11165	REYES RIVERA JESUS ELEAZAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11166	TORRES TORRES JESUS ELID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11167	MARQUEZ ROJAS JESUS EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11168	RUIZ GOMEZ SERGIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11169	RAMIREZ MONGE JESUS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11170	HERNANDEZ YAÑEZ JESUS FABIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11171	FLORES AYALA JESUS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11172	GONZALEZ MORENO JESUS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11173	BARRON GARCIA JESUS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11174	SANTIESTEBAN VAZQUEZ JESUS FROYLAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11175	CHACON BERNAL JESUS GEOVANY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11176	ESPARZA CABALLERO JESUS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11177	LIZALDE OJEDA JESUS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11178	BALDERRAMA BADILLO JESUS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11179	GUERRA RODRIGUEZ MYRNA ROCIO	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11180	GRIJALVA SANCHEZ JESUS GILBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11181	ZUÑIGA VEGA JOSE FRANCISCO	67	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11182	SIERRA VARGAS PERLA AMAYRANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11183	AGUIRRE MONARREZ PERLA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11184	LEON FIGUEROA JESUS GREGORIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11185	ALVAREZ PAZ JESUS GUILLERMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11186	GARCIA RODRIGUEZ RUBEN ALBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11187	CARRILLO RASCON JESUS GUILLERMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11188	PORRAS RUIZ JESUS HEBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11189	HERAS HERNANDEZ NANCY CECILIA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11190	VENZOR MATA PERLA CELIC	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11191	PAZ JURADO JESUS HERIBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11192	MENDOZA SALGADO JESUS HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11193	PARRA PRADO JESUS INOCENTE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11194	CALDERON LOYA SERGIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11195	MORAN CARRERA PERLA ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11196	ESTRADA BUSTILLOS JESUS IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11197	HOLGUIN LOZOYA JESUS IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11198	AGUIÑAGA MIRAMONTES JESUS JAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11199	MENDOZA QUIÑONES JESUS JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11200	GONZALEZ DOMINGUEZ PERLA JACEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11201	TELLEZ RODRIGUEZ JESUS JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11202	HUERTA OCHOA PERLA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11203	FERNANDEZ COLMENERO JESUS JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11204	HOLGUIN PIÑON PERLA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11205	VILLANUEVA FUENTES PERLA MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11206	QUINTANA RUIZ JESUS JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11207	ARZOLA YAÑEZ JESUS JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11208	ESTRADA GOMEZ JESUS JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11209	NUÑEZ RODRIGUEZ JESUS JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11210	BRITO GAMEZ SERGIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11211	RENTERIA GILL JESUS MAGALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11212	CHAVEZ BUSTILLOS JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11213	CHAVIRA DIAZ JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11214	ALLANDE CARRILLO JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11215	CONDE LARREA JESUS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11216	DURAN VARELA JESUS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11217	DOMINGUEZ QUEZADA PERLA PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11218	SANCHEZ MENDEZ JESUS MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11219	PORRAS GARCIA JESUS MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11220	MORA CANO JESUS MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11221	AVELLA VILLALOBOS SERGIO ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11222	HERNANDEZ VAZQUEZ JESUS MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11223	BARRON TALAMANTES JESUS NOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11224	DAVILA CASTILLO PERLA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11225	ORDOÑEZ CASTRO JESUS NOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11226	ESCALANTE ERIVES JESUS OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11227	LUNA MUÑOZ JESUS OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11228	ZAPIEN MARTINEZ JESUS OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11229	QUEZADA GARCIA PERLA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11230	LARA CERRILLO JESUS RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11231	OLIVAS PEREGRINO JESUS ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11232	SALCIDO DOMINGUEZ JESUS SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11233	TARANGO MURILLO JESUS SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11234	RAMIREZ ACEVEDO JESUS UZIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11235	MARTINEZ BELTRAN JESUS VIDAL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11236	ESCUDERO TORRES JHAN CARLOS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11237	MARQUEZ GARDEA PERLA VANESSA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11238	FLORES VENZOR JHESLY YOLANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11239	MORENO LUNA JHONATAN ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11240	RIVERA CASTILLO SERGIO ALEJANDRO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11241	HERNANDEZ SANCHEZ JHOSUE ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11242	QUIÑONEZ LOPEZ PORFIRIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11243	CANO VILLALOBOS JHOVANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11244	TORRES NUÑEZ JIMENA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11245	MARTINEZ BERROTERAN JIMENA GUADALUPE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11246	JIMENEZ GARCIA JIMENA JARETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11247	VENEGAS GONZALEZ JOALY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11248	SOTELO BUSTILLOS JOAQUIN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11249	CHACON CASTILLO JOAQUIN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11250	BARRIOS RICO JOAQUIN ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11251	ALMARAZ FIERRO JOCELYN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11252	DELGADO ORTEGA JOCELYN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11253	RAMIREZ ROSAS JOCELYN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11254	RIOS NEAVE RUBEN CHRISTOPHER	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11255	SALAS BELTRAN JOCELYN CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11256	VALENZUELA PONCE PRICILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11257	VILLALOBOS BARRERA PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11258	LUNA ARZATE JOCELYN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11259	TREVIZO . PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11260	MEDINA CHAVEZ JOCELYN VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11261	MARQUEZ PEREZ JOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11262	AVILA REYES JOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11263	MARTINEZ PEÑA JOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11264	TRILLO PAEZ JOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11265	GONZALEZ URIBE JOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11266	VILLA OLIVAS JOEL ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11267	RIVERA GONZALEZ PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11268	SOTELO RODRIGUEZ JOEL ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11269	MARTINEZ QUEZADA SANDRA JANET	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11270	GAMBOA LOZANO JOEL ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11271	OLIVAS ESPINO JOEL ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11272	ESTRADA RAMIREZ JOEL DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11273	LOPEZ REZA SERGIO ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11274	GUERRA AGUILAR JOEL IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11275	MENDOZA CHAVEZ JOEL ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11276	PAZ . JOHAN PAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11277	DE LA RIVA MUELA JOHAN SANTIAGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11278	PALOMINO PEREA JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11279	PIÑON RUBIO JOHANA ADYLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11280	CHAVEZ MELCHOR JOHANA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11281	MUÑOZ AGUIRRE JOHANA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11282	BACA MOLINA JOHANA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11283	BLANCO LERMA PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11284	SALCEDO AMEZQUITA JOHANA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11285	DIAZ BECERRA JOHANA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11286	MENDOZA RAMOS JOHANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11287	LOZANO HERNANDEZ JOHANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11288	MERAZ GARCIA PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11289	REYES MADRID JOHANY ELIBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11290	MOLINA CHAPARRO SERGIO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11291	MARTINEZ MARTINEZ JONATHAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11292	ACOSTA AGUIRRE JONATHAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11293	SAENZ RIVERA JONATHAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11294	TERRAZAS CAMPOS JONATHAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11295	LOPEZ ACOSTA JONATHAN ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11296	ALARCON ROMO JONATHAN ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11297	SOTO GOMEZ JONATHAN AURELIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11298	PANIAGUA SALAS JONATHAN ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11299	MOLINA MENDOZA JONATHAN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11300	RODRIGUEZ ACOSTA JONATHAN MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11301	CORREA TERRAZAS JONATHAN IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11302	RIOS SALCIDO JOON OMAIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11303	MENDOZA CARO JORDDY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11304	SANCHEZ AVALOS PRISCILA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11305	LEGARDA HERNANDEZ JORGE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11306	FIERRO LOPEZ JORGE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11307	CARRILLO MEDINA JORGE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11308	HERNANDEZ BUSTILLOS JORGE AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11309	MENDEZ CHACON JORGE ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11310	OLIVAS RUEDA JORGE ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11311	ANCHONDO FRIAS JORGE ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11312	ENRIQUEZ LOYA JORGE ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11313	RODRIGUEZ REALYVAZQUEZ JORGE ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11314	ALVARADO QUINTANA JORGE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11315	NEVAREZ NEVAREZ PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11316	GALLEGOS PEREZ JORGE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11317	PRIETO BALDERRAMA PRISCILA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11318	PERUSQUIA CASTAÑEDA JORGE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11319	CHAVARRIA LUNA JORGE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11320	OLIVAS RUEDA JORGE ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11321	MUÑOZ RUIZ JORGE ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11322	GASPAR NUÑEZ JORGE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11323	ACEVES CHAVEZ SERGIO ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11324	GARCIA HERRERA JORGE ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11325	CHAVEZ CALDERA PRISCILA DAMARIS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11326	TORRES SALAS PRISCILA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11327	MOLINA CAMACHO JORGE ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11328	BUSTILLOS GONZALEZ JORGE ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11329	PALACIOS NIÑO PRISCILA JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11330	RUIZ PAZ JORGE ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11331	OCHOA GALLARDO PRISCILA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11332	MACIAS MENCHACA JORGE DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11333	CALDERA TREVIZO JORGE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11334	TELLO AGUIRRE RICARDO IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11335	BUSTILLOS PAREDES PRISMA LISSET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11336	CASTAÑEDA HERNANDEZ RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11337	PADILLA DELGADO JORGE ELIOTH	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11338	GARCIA MARQUEZ SERGIO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11339	PEINADO TORRES JORGE EMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11340	GARCIA CALZADILLAS JORGE EMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11341	TAPIA LOPEZ JORGE ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11342	DERMA PALOMINO RICARDO IVAN	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11343	FUENTES BUSTILLOS JORGE FEDERICO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11344	SANCHEZ SIFUENTES JORGE FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11345	LAIZOLA SOSA JORGE IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11346	ORTEGA SANCHEZ JORGE ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11347	GUZMAN GONZALEZ JORGE ISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11348	QUINTERO RAMIREZ JORGE ISMAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11349	PARRA MARQUEZ JORGE IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11350	FLORES ORTIZ RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11351	GORDILLO PALOMO JORGE IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11352	GUEVARA DOMINGUEZ RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11353	VALENZUELA PEREZ JORGE IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11354	AGUIRRE GAMBOA JORGE JOVANI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11355	AGUIRRE CASILLAS JORGE KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11356	ACOSTA GONZALEZ NOEL OBED	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11357	HOLGUIN LUNA RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11358	CUEVAS MALDONADO JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11359	VILLA QUINTANA RAFAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11360	VERGARA QUIÑONEZ JORGE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11361	ESTRADA DELGADO JORGE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11362	BALDERRAMA HERNANDEZ JORGE OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11363	PADRON SIMENTAL SERGIO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11364	BALTIERREZ SOSA JORGE OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11365	RAMIREZ REDE JORGE ORLANDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11366	GARCIA SANCHEZ JORGE PABLO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11367	RAMIREZ LOPEZ JORGE ULISES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11368	AVILA ALMANZA JORGE YADIR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11369	RODRIGUEZ RODRIGUEZ JOSCELYNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11370	SAENZ LEGARDA JOSE	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11371	GARCIA OVALLE JOSE	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11372	VALENZUELA MORALES JOSE ADRIAN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11373	ESCOTO ASCENCIO JOSE ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11374	CASTILLO MIRANDA JOSE ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11375	AVALOS RUIZ JOSE ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11376	ORTEGA MORALES RAFAEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11377	DE VILLA HEREDIA JOSE ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11378	CUEVAS RODRIGUEZ RAFAEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11379	VARGAS ISLAS SERGIO ANDRES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11380	LIMON CONTRERAS JOSE ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11381	FONTES HOLGUIN JOSE ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11382	FLORES CASTRUITA JOSE ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11383	REYES QUEZADA JOSE ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11384	LUGO VAZQUEZ JOSE ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11385	RAMIREZ CARREON JOSE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11386	AGUIÑAGA RODRIGUEZ RICARDO YAMIL	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11387	FLORES PORTILLO JOSE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11388	PEÑA MAYNEZ JOSE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11389	ERIVES BARRAZA JOSE ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11390	CORDERO YEPEZ JOSE ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11391	LUCERO CHAVEZ RAFAEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11392	DELGADO NAVARRO JOSE ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11393	REY CERVANTES SERGIO ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11394	NAVA LOZANO JOSE ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11395	DURAN CHAPARRO JOSE ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11396	DEL CASTILLO OCHOA JOSE ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11397	REY RIVERA JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11398	CHAPARRO MORALES JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11399	DEHERAS SOTO RAFAEL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11400	MERINO MAGAÑA RAFAEL ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11401	ESCARCEGA TERCERO JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11402	HERNANDEZ VILLA JOSE CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11403	TALAMANTES GINER JOSE CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11404	HERMOSILLO LOPEZ JOSE DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11405	QUINTANA DEL VAL JOSE DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11406	PANDO DOMINGUEZ RAFAEL IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11407	HERRERA CANDIA JOSE DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11408	ROMERO SIMENTAL JOSE DE JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11409	FLORES MORALES JOSE DE JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11410	GARDEA SANCHEZ JOSE EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11411	TARANGO BORUNDA RAFAELA DE JESUS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11412	OCHOA LARA RAISA CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11413	ROMERO CABALLERO JOSE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11414	GUTIERREZ MENESES JOSE ELIAS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11415	RAMIREZ SAUCEDO JOSE GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11416	HERNANDEZ GARDEA JOSE GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11417	AVILA CARREON JOSE GERMAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11418	MACIAS GARCIA JOSE GUILLERMO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11419	LEGARRETA RAMIREZ JOSE HIRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11420	PANDO PEREZ JOSE HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11421	CHAVEZ GUTIERREZ JOSE IGNACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11422	ALVAREZ GRANADOS JOSE IGNACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11423	ARAIZA SUSTAITA RAMIRO ALAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11424	LEOS GALLARDO JOSE LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11425	RAMIREZ LERMA JOSE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11426	PEREZ CENTENO JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11427	MARTINEZ ALVAREZ JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11428	SILVEYRA HERNANDEZ SANDRA JANETTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11429	FLORES MORENO JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11430	CORONADO AGUIRRE JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11431	ARMENDARIZ COLMENERO JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11432	CHAVEZ SANCHEZ RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11433	BOLIVAR VALENZUELA RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11434	CHAVARRIA HERNANDEZ JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11435	FLORES PAREDES RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11436	MOLINA TORRES JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11437	PEREDO MORA JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11438	GARCIA FLORES JOSE LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11439	HERRERA GARCIA JOSE MANUEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11440	RUVALCABA RASCON JOSE MANUEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11441	RENTERIA PORTILLO RAMON EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11442	CERVANTES PASTEUR RAMON GIL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11443	ACOSTA ROMO JOSE MANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11444	JIMENEZ HERNANDEZ JOSE MANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11445	QUINTANA . JOSE MANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11446	ARAGON LUEVANO JOSE MARIA	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11447	ALVAREZ PEINADO JOSE MARIA	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11448	LECHUGA CARRILLO JOSE PABLO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11449	MUÑOZ GONZALEZ RAMON HUMBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11450	FLORES HERNANDEZ RAMON WILFREDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11451	VIEYRA MENDEZ SERGIO YHILMAS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11452	ARMENDARIZ LOPEZ JOSE RAMON	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11453	HOLGUIN TORRES JOSE RICARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11454	RODRIGUEZ ALONSO RAMSES JOSSUA	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11455	ACOSTA DE LA FUENTE JOSE ROBERTO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11456	BORUNDA HOLGUIN RANDY ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11457	VAZQUEZ FLORES JOSE RODOLFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11458	GARCIA ROBLEDO JOSE RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11459	ACOSTA IGLESIAS JOSE YETHZAID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11460	HERNANDEZ FERNANDEZ JOSELIN ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11461	GARCIA AGUIRRE JOSELIN GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11462	HOLGUIN HERNANDEZ JOSELIN MARLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11463	SOTO RODRIGUEZ JOSELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11464	MOLINA CORRAL JOSELINE GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11465	HERNANDEZ NAJERA NORMA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11466	MERCADO DURAN JOSELYN GISELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11467	HERNANDEZ PAGES JOSELYN NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11468	GARCIA MARTINEZ JOSELYN PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11469	LOPEZ GONZALEZ JOSELYNE JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11470	DIAZ CARDONA JOSHUA ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11471	NEVAREZ PORRAS RAQUEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11472	FUENTES HUERTA JOSHUA LIMHI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11473	RIQUELME CASTAÑEDA JOSHUA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11474	SANCHEZ VAZQUEZ RAQUEL AZALEA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11475	BOHMER MAGALLANES JOSHUA YNAD	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11476	JURADO CARO JOSSELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11477	HERRERA CANO JOSSELYN ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11478	CORRAL OROZCO CESAR ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11479	SANTIESTEBAN CORTES RAQUEL CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11480	GONZALEZ HINOJOS JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11481	MONGE VILLALOBOS JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11482	ESCOBAR POLANCO JOSUE ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11483	ROBLES DE LA PEÑA JOSUE DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11484	RAMOS LUNA JOSUE FEDERICO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11485	MARTINEZ SOTO JOSUE ISIDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11486	HUERTA ARELLANES JOSUE PORFIRIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11487	SOTO BARRON SERGIO ISAI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11488	REGALADO PACHECO JOSUEL RIGOBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11489	HERNANDEZ LOYA JOVANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11490	SANTIESTEBAN MEJIA SERGIO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11491	HERNANDEZ SALDAÑA RAQUEL IDALI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11492	REYES ACOSTA JOVHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11493	GUTIERREZ JURADO RAQUEL IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11494	VAZQUEZ RANGEL JUAKIN ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11495	SOTO GARCIA JUAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11496	BAEZA VAZQUEZ ADRIAN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11497	PORTILLO MUÑOZ JUAN ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11498	ESCOBEDO MARTINEZ JUAN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11499	ALVARADO CARRASCO JUAN ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11500	ESQUIVEL GONZALEZ JUAN ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11501	LUNA GUTIERREZ JUAN ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11502	TELLEZ BENCOMO JUAN ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11503	GUTIERREZ RIVERA RAQUEL JOCABED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11504	JIMENEZ FLORES RAUL	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11505	PEREZ URENDA RUBEN FRANCISCO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11506	CALDERON DOMINGUEZ RAQUEL SARAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11507	SAENZ CRUZ JUAN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11508	PARRA PEREZ JUAN ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11509	AGUILERA COLUNGA JUAN ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11510	PROCEL BERTRUY SHARITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11511	MURGA GUTIERREZ JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11512	RODARTE VILLALOBOS JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11513	GARCIA BEJAR JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11514	HOLGUIN CARMONA JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11515	PEREZ CORRAL SERGIO SALVADOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11516	GUILLEN BLANCO JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11517	GARCIA HEREDIA JUAN CARLOS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11518	MARTINEZ PEREZ JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11519	CISNEROS GUEL JUAN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11520	VILLEGAS TERRAZAS JUAN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11521	AVILA RUIZ JUAN DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11522	ZUÑIGA MENDOZA JUAN EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11523	GARCIA GALARZA JUAN EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11524	AHUMADA RODRIGUEZ JUAN ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11525	ARMENDARIZ GONZALEZ JUAN ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11526	ACOSTA CENICEROS JUAN ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11527	MORALES FLORES CARLOS OCTAVIO	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11528	CHAPARRO GARCIA RAUDEL IRAK	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11529	BUSTAMANTE TORRES RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11530	MATAS GUTIERREZ JUAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11531	DIAZ SEPULVEDA JUAN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11532	ENCINAS VILLALOBOS RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11533	FERNANDEZ FLORES RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11534	SILVAS FRANCO JUAN JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11535	FLORES ALTAMIRANO JUAN JESUS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11536	MELENDEZ LOZANO JUAN JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11537	PEREA RODRIGUEZ JUAN JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11538	VILLA CHACON RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11539	DAVILA ARZATE JUAN JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11540	ZUL RASCON JUAN LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11541	BATISTA SOTO SERGIO ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11542	SALINAS NAVARRETE NORA SILVIA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11543	ACOSTA RIVERA JUAN LUIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11544	RAMIREZ LOPEZ JUAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11545	AGUIRRE GRIJALVA JUAN MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11546	GARCIA SANCHEZ JUAN MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11547	GARCIA LIMON JUAN MANUEL ISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11548	MENDOZA PEREZ JUAN PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11549	QUINTANA ALCANTARA SALVADOR	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11550	MARTINEZ CANTU JUAN PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11551	CERA CHACON JUAN PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11552	DELGADO RODARTE JUAN ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11553	GONZALEZ CHAVEZ JUAN RUBEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11554	ENRIQUEZ REZA JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11555	RUIZ VARGAS MAYRA IVONNE	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11556	GUEVARA VALDEZ JUDITH MELINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11557	ACOSTA RODRIGUEZ JUDITH NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11558	REYES RUIZ JUKARI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11559	MELENDEZ ACOSTA RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11560	RAMOS BECERRA ROSA ANGELICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11561	SORIA SAENZ JULIA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11562	HERNANDEZ ARMAS JULIA NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11563	AGUIRRE JAUREGUI JULIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11564	FUENTES JAQUEZ JULIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11565	MADRIGAL MEDINA JULIAN ARNALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11566	MARIN OLIVAS JULIAN EFRAIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11567	PASMIÑO TRUJILLO JULIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11568	GUTIERREZ LOZOYA JULIETA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11569	MONRREAL HERNANDEZ JULIETA MARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11570	FAVELA DIAZ DE LEON SALVADOR IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11571	ESPINO CARBAJAL JULIO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11572	MOLINAR HERMOSILLO JULIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11573	CHAVARRIA VALDEZ JULIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11574	CHAVEZ RUBIO RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11575	REYES GARCIAPEÑA JULIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11576	SOTO RUACHO JULIO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11577	HERNANDEZ VALDEZ RAUL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11578	GUTIERREZ MENDOZA SEYENI ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11579	BARRERA ESTRADA SHARON AYLIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11580	OCHOA HERAS JULIO IGNACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11581	VARGAS ISLAS JULIO IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11582	GUTIERREZ TAPIA RAUL ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11583	DOMINGUEZ FUENTES JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11584	HOLGUIN GARCIA JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11585	OROZCO PAREDES JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11586	NEVAREZ GONZALEZ JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11587	MARQUEZ GONZALEZ JULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11588	RAMOS GALAVIZ JULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11589	CEBALLOS CORRAL JULISSA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11590	GARCIA CALZADILLAS JULISSA ONIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11591	DOMINGUEZ BAUTISTA KAILANI IDALHY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11592	PEREZ HERMOSILLO KAIROS JASSIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11593	SOTO MARTINEZ ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11594	KAWAHA TORRESDEY KALE KANIELA	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11595	ASTORGA GRANADOS KARELLY YAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11596	GONZALEZ CHAPARRO KARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11597	LUGO SALAS KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11598	CHACON GARAY KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11599	VAZQUEZ OROZCO RAUL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11600	RAMOS FERNANDEZ KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11601	SOTO MALDONADO KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11602	ANDRADE RODRIGUEZ KARELY ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11603	NERI CARRASCO KARELY FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11604	LUCERO CEDILLO RAUL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11605	SANTANA CHAVEZ KAREM PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11606	HOLGUIN PEREZ KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11607	CAMACHO GOMEZ KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11608	BOCANEGRA ENRIQUEZ RAUL ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11609	RAMOS MIRANDA KAREN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11610	TORRES ORTEGA RAUL GUILLERMO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11611	MADRID CHAVEZ KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11612	MENDOZA ROSALES KAREN AIDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11613	DOMINGUEZ DOMINGUEZ KAREN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11614	MARTINEZ MENDOZA KAREN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11615	CAMPOS LUNA KAREN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11616	RINCON VALENZUELA KAREN ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11617	SANDOVAL RODRIGUEZ KAREN CRISELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11618	GUZMAN VARELA KAREN DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11619	PALMA LOYA KAREN DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11620	CARRASCO PONCE SHARON MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11621	CHAVEZ LOYA KAREN EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11622	MUELA LOPEZ KAREN ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11623	BARRAZA DOMINGUEZ KAREN EMILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11624	ACOSTA CALVILLO KAREN ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11625	CORRAL ORONA KAREN ESTHELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11626	HURTADO MACIAS KAREN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11627	VALDEZ HERNANDEZ KAREN GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11628	CRUZ MARTINEZ RAUL MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11629	HERRERA GARCIA KAREN GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11630	ROJERO TOLENTINO CARMEN GEORGINA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11631	GALVAN PALACIOS KAREN GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11632	AGUIRRE ESTRADA KAREN ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11633	OCHOA FAUDOA REBECA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11634	VILLEGAS BALDERAS KAREN MICHEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS			Coberturas y sumas aseguradas							
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11635	JIMENEZ QUIÑONES KAREN MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11636	SAENZ ANTILLON COLETTE	17 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11637	BENCOMO BELTRAN KAREN PAMELA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11638	BURCIAGA VILLEGAS KAREN PATRICIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11639	URUETA DOMINGUEZ KAREN PAULINA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11640	TAGLE MUÑOZ REBECA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11641	GONZALEZ QUEZADA REBECA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11642	DELGADO BALDERRAMA KAREN PAULINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11643	QUEZADA ACOSTA KAREN ROCIO	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11644	ESTRADA MONGE KAREN SOFIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11645	LARA VALDES KAREN SUSANA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11646	MORALES DOMINGUEZ KAREN VALERIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11647	PORTILLO JIMENEZ KAREN VANESSA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11648	PRIETO ORTIZ KAREN YANERY	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11649	MONARREZ GARCIA KAREN YARELY	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11650	CENICEROS PRIETO KAREN YESENIA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11651	AGUILAR MENDEZ KARIME	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11652	DUARTE DELGADO KARIME	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
11653	OLGUIN MENDEZ REBECA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11654	ROSALES HOLGUIN KARIME ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11655	RAMIREZ ARMENDARIZ KARIME ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11656	GOMEZ LOPEZ KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11657	PAYAN ORTIZ KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11658	AGUIRRE RIVERA RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11659	UGARTE RANGEL KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11660	RODRIGUEZ LEDESMA SHARON SELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11661	GINER MORALES KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11662	RODRIGUEZ AGUILAR RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11663	MASSIRONI MONTELONGO ROBERTO ADRIAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11664	VIDAL CHAVIRA KARINA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11665	MOLINA RONQUILLO SANDRA SUGEY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11666	SOLIS COBOS KARINA ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11667	PEREZ JAQUEZ KARINA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11668	MARES RICO KARINA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11669	LOPEZ ACUÑA ROBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11670	VELETA DE LA O RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11671	VARELA CASTILLO KARINA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11672	LOPEZ RODRIGUEZ KARINA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11673	ORTEGA ACOSTA KARINA LUCIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11674	CERECERES GARCIA KARINA MICHELLE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11675	OAXACA ESTRADA KARISEL ALMENDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11676	GONZALEZ GURROLA ROBERTO EMANUEL	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11677	JIMENEZ NORIEGA SHEILA DANIELA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11678	GUERRA GARCIA RENE EDIBRAIT	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11679	FLORES MINJARES KARLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11680	RUIZ CUETO KARLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11681	SCHULTZ PEÑA KARLA ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11682	CHAVEZ TORRES KARLA DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11683	PEREZ MENDOZA KARLA DENISSE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11684	APODACA PARRA RENE EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11685	DE LA CRUZ CHACON KARLA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11686	ESPARZA CHACON KARLA GABRIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11687	VALDEZ RIOS KARLA GABRIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11688	HERRERA GARCIA KARLA GABRIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11689	ENRIQUEZ MARQUEZ KARLA GISELLE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11690	DOMINGUEZ ALVAREZ KARLA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11691	OLIVAS . CRISTIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11692	PRIETO ARZABALA KARLA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11693	SARMIENTO CHAVIRA KARLA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11694	HERNANDEZ RODRIGUEZ KARLA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11695	PADILLA CAMACHO KARLA IVANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11696	MARTA GRANILLO KARLA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11697	LOPEZ VILLANUEVA KARLA IXSHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11698	BERMUDEZ IBARRA KARLA JANET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11699	GONZALEZ SANCHEZ RENEE DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11700	TREJO GUTIERREZ KARLA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11701	ESPARZA CHAVEZ KARLA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11702	MATA DIAZ KARLA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11703	CHAVIRA GONZALEZ REY URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11704	SOLIS KANTUN KARLA KARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11705	MAGALLANES MUÑOZ SHEILA JAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11706	GRANADOS CORDOBA KARLA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11707	RODRIGUEZ GIL KARLA MARIBEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11708	CASTRO RIVERA KARLA MARISOL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11709	RODRIGUEZ PIÑÓN KARLA MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11710	TRUJILLO ROBLES KARLA MICHELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11711	ASTORGA MARTINEZ KARLA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11712	OCHOA TAPIA KARLA MIREYA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11713	LOPEZ BALDERRAMA KARLA NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11714	RODRIGUEZ ALMEIDA KARLA NAYELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11715	AGUIRRE MELENDEZ KARLA NICTELOY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11716	QUINTANA GARCIA KARLA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11717	MARTHA SIERRA KARLA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11718	LOREDO SILVA KARLA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11719	REALYVAZQUEZ BENITEZ KARLA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11720	CAZARES DE LEON KARLA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11721	ONTIVEROS VALENZUELA DEBRA ADRIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11722	LOYA LUGO SHENDEEL YAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11723	LOZOYA GONZALEZ KARLA SELENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11724	LOPEZ CONTRERAS KARLA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11725	TENA RODRIGUEZ SHERYL DARLENE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11726	MARTINEZ LARRAN REYES SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11727	LOPEZ LOPEZ KARLA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11728	GOMEZ PACHECO KARLA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11729	JUAREZ ESPINOZA KARLA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11730	GUERRERO VALDEZ KARLA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11731	HERRERA BISCARRA KARLA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11732	HAM PORTALES KARLA YAMILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11733	AGUILERA GARCIA KARLA YAREKZI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11734	VAZQUEZ ACOSTA KARLA YARITZY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11735	CHAPA MUÑOZ KAROL ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11736	LEON RODRIGUEZ KAROL YARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11737	AGUILERA CAMPOS KAROLINA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11738	HERNANDEZ SANTOYO KARYME BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11739	SANCHEZ CASTAÑEDA KARYME GRISSELL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11740	AMADOR ALAVEZ KASSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11741	HIDALGO GONZALEZ KASSANDRA STEPHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11742	MARTINEZ MORALES KATE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11743	PAYAN PALACIOS KATERIN ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11744	CONTRERAS LOZANO KATHE DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11745	COTA BELTRAN REYNA DARIAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11746	CASTILLO MANCINAS REYNA DE LOS ANGELES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11747	MADRID VALLES KATHIA ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11748	RAMOS PORRAS REYNA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11749	RIOS ANDUJO SHARON ARIADNA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11750	ANCHONDO DUEÑES KATHIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11751	MILLER ORTEGA KATHIA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11752	JIMENEZ LOYA KATIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11753	VILLALOBOS VARELA REYNA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11754	SOSA CAMACHO KATIA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11755	FLORES SOLORIO KATIA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11756	CONDE RUIZ KATIA LYNETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11757	TORRES HINOJOS KATIE CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11758	SALDIVAR URIAS KATYA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11759	CHAVEZ FLORES KATYA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11760	PORTILLO VILLALOBOS KATYA SABRINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11761	SANCHEZ ROMO KEILA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11762	ZAVALA GUAJARDO KEILA GETSEMANI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11763	MADRID MELENDEZ KEILA NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11764	CHACON ESPINOZA KEIRY SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11765	SOTO VALLE SHEYLA GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11766	DOMINGUEZ TERAN KELLY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11767	OCHOA VILLALPANDO KEMBLY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11768	VAZQUEZ ACOSTA KEMYSH JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11769	BUSTAMANTE MORALES KENDY YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11770	RODRIGUEZ ACOSTA KENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11771	GARCIA MARTINEZ KENIA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11772	PARDO PAVIA KENIA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11773	ENRIQUEZ TORRES KENIA GORETTI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11774	GALLEGOS GALVAN SHEYLA IVANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11775	PEREYRA MARQUEZ KENIA JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11776	MEZA GUERRERO KENIA JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11777	MARTINEZ VALLES REYNA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11778	OLIVAS BERRUETO KENIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11779	LUCERO VALDIVIEZO KENIA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11780	TRUJILLO QUIÑONEZ SAMANTHA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11781	PEREZ ANTUNA SANDRA XITLALIC	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11782	QUINTANA CALDERON SILVIA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11783	ACEVEDO DOMINGUEZ KENIA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11784	INUNGARAY VAZQUEZ SILVANO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11785	LOPEZ SILLAS KENIA VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11786	MENDEZ CORRAL KENIA YAMILEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11787	SILVA RAMIREZ KENNEDY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11788	RODRIGUEZ REYES MAYRA VIRGINIA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11789	ROSALES ROJERO REYNA JEHIEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11790	GUTIERREZ MARTINEZ KENNETH	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11791	RUIZ REALIVAZQUEZ KENYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11792	BACA MENDIVIL SANDRA YARELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11793	DUARTE MENDOZA KENYA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11794	GARCIA DE LA ROCHA KENYA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11795	RAMIREZ GUTIERREZ KENYA CASSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11796	COBOS BELTRAN SILVIA EDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11797	FLORES PINO RHONIRA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11798	RODRIGUEZ LARA SILVIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11799	LOYA GARCIA DE LA CADENA KENYA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11800	MURILLO FLORES KENYA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11801	MARQUEZ SAENZ KENYA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11802	RAMIREZ PEINADO KENYA VIANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11803	NEVAREZ HERNANDEZ KERLY CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11804	CORRAL DURAN SILVIA IVANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11805	AVILA CASTRO KETZALXILOTL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11806	ABREGO SAENZ KEVIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11807	LOPEZ RAMIREZ KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11808	GONZALEZ MUÑOZ KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11809	ESTEVEZ NAJERA RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11810	QUIÑONES MENDOZA KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11811	ESPARZA CHACON KEVIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11812	GONZALEZ VIRAMONTES KEVIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11813	RAMIREZ TARANGO RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11814	BERNAL CRUZ KEVIN ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11815	PONCE LAZCANO KEVIN ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11816	VARELA RAMIREZ KEVIN ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11817	CARBAJAL GUTIERREZ KEVIN ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11818	MUÑOZ TAVIZON KEVIN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11819	CHAPARRO ESTRADA KEVIN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11820	VILLELA RAMIREZ KEVIN ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11821	CUEVAS GARCIA KEVIN ALI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11822	ROMERO CARRASCO RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11823	TREJO GOMEZ KEVIN ARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11824	RASCON QUEZADA KEVIN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11825	BUSTILLOS ERIVES KEVIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11826	GOMEZ ERIVES KEVIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11827	CARMONA TRUJILLO KEVIN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11828	OLIVAS ESPINOZA KEVIN ELIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11829	GUTIERREZ HERRERA RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11830	RAMOS ALVAREZ KEVIN GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11831	LIMON NUÑEZ SARAHÍ	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11832	RODRIGUEZ TARIN KEVIN HERACLIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11833	JAQUEZ RODRIGUEZ KEVIN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11834	RAMOS LOYA OCTAVIO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11835	AGUILAR MADRID KEVIN JOSE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11836	AGUIRRE CALZADILLAS KEVIN JOSEPH	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11837	DOMINGUEZ DURAN KEVIN NORIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11838	RAMIREZ GARCIA KEVIN PAULINO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11839	HERNANDEZ CHAPARRO KEVIN ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11840	HERNANDEZ RUBIO KEVIN SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11841	IRIGOYEN HOLGUIN KEYLA ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11842	ONTIVEROS BUSTILLOS KEYLA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11843	MEDRANO RUIZ KIMBERLY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11844	ANGLES RASCON KIMBERLY CATHERINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11845	ESCARCEGA ITUARTE KIMBERLY DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11846	DIMAS LOERA RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11847	CARMONA RODRIGUEZ KIMBERLY GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11848	VARELA RIVERA KIMBERLY JAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11849	RAMOS SOTO KIMBERLY ODETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11850	MORALES SALAZAR RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11851	PAREDES BUNSOW RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11852	ATHIE AREVALO RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11853	VALLES REYES RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11854	CANO HERRERA KORAYMA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11855	LOYA VALDEZ KORINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11856	REVELES SANCHEZ SILVIA VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11857	ROBLES BACA KRHSNA AMAYRANI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11858	CASTILLO NUÑEZ KRISELY GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11859	ANGULO QUINTERO KRISTAL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11860	FLORES OSTOS KRISTAL EDEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11861	LOZA OLIVAS KRISTELL MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11862	VALVERDE RIVERA KRIZARA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11863	PONCE MARQUEZ SILVERIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11864	ACOSTA ULATE RICARDO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11865	AVILA RODELAS KYTANA LORENA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11866	HERNANDEZ RETE LAISA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11867	CRUZ FUENTES LAISA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11868	GARCIA GUILLEN LAISHA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11869	TREJO SOTELO LARISA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11870	MEZA SALAS LARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11871	MENCHACA SPENCER LARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11872	FLORES ALCALA LARISSA HELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11873	DOMINGUEZ REYES LARISSA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11874	OCHOA ARROYOS LAURA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11875	HERRERA BURROLA LAURA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11876	TORRES JIMENEZ LAURA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11877	PORTILLO ACOSTA ROCIO ARACELY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11878	DIAZ BALTIER LAURA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11879	PARRA VALENCIANO LAURA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11880	SANCHEZ HERRERA LAURA BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11881	GARCIA VELAZQUEZ LAURA CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11882	MUÑOZ JAIME RICARDO ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11883	JAQUEZ FLORES LAURA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11884	SANCHEZ GUEVARA LAURA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11885	ALVIDREZ ALMANZA LAURA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11886	AMADOR GARCIA SIOMARA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11887	SANCHEZ SALDAÑA RICARDO ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11888	OCHOA MARTINEZ LAURA DENISSE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11889	REZA LOPEZ LAURA ELISA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11890	RUBIO NUÑEZ LAURA GEORGINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11891	LEON CLARO RICARDO ARTURO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11892	OLIVAS GUTIERREZ LAURA GEORGINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11893	RAMIREZ RODRIGUEZ LAURA IRENE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11894	ROMO ARMENDARIZ LAURA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11895	GANDARA RAMIREZ LAURA MARGARITA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11896	CARREON RASCON LAURA MARGARITA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11897	JIMENEZ GONZALEZ LAURA MAYELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11898	NUÑEZ HERNANDEZ LAURA RENNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11899	VILLEGAS PIÑON RICARDO BEZALEEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11900	CERRILLO GARCIA LAURA SARAHÍ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11901	ACEVES HERNANDEZ LAURA XIMENA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11902	RAMIREZ RIVERA LAURA YAMILETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA		
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11903	VALDEZ AVALOS LAURA YAZMIN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11904	NAKATURO RAMIREZ LAYZHA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11905	VELAZQUEZ TALAMANTES SILVIA IDALY	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11906	MERCADO SANCHEZ RICARDO FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11907	PIÑA ALVAREZ LEAH ANNET	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11908	REYNOSO ITUARTE LEESLY MELISSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11909	MATA LOZANO RICARDO HANS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11910	RODRIGUEZ GAUZIN RICARDO HAZAEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11911	VILLALPANDO ORTALEJO LEILANI MICHELL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11912	ESTRADA NEVAREZ ROSA PAOLA	28 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11913	DOMINGUEZ CHAVEZ LEO AGUSTIN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11914	TAYLOR MONTES LEONARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11915	CALDERON CAMPOS RICARDO HUMBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11916	MONREAL TORRES LEONARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11917	SALAZAR GARCIA LEONARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11918	ZUBIA MARTINEZ LEONARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11919	GARCIA LOPEZ LEONARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11920	MORALES HERNANDEZ RITA BERENICE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11921	RODRIGUEZ LIO LEONARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
11922	DURAN LEAL LEONARDO DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11923	MARTINEZ VILLALOBOS LEONEL ALEJANDRO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11924	DE LA O VILLALOBOS SOFIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11925	ALDERETE . DELTA SOFIA	17 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11926	MERAZ MARTINEZ LEONEL HIRAM	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11927	PRIETO BASURTO LESLEY YHARELY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11928	VILLA GARCIA EDNA VIANNEY	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11929	ARRIETA MORALES RITA NAYELI	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11930	CANO MONARREZ ROBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11931	ESQUIVEL SALCIDO LESLI YAMILE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11932	CORTES JAQUEZ LESLIAN MARLEN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11933	MELENDEZ CARRILLO ROBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11934	SANCHEZ LUJAN ROBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11935	RODRIGUEZ PONCE LESLIE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11936	SANCHEZ BUENO ROBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11937	MARQUEZ JAQUEZ LESLIE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11938	LICANO GALDEAN LESLIE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11939	HERNANDEZ ACOSTA LESLIE ANEISA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11940	VILLARREAL ARANDA LESLIE DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
11941	ALTAMIRANO PEREZ LESLIE DESIRE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11942	VARELA SAUCEDA ROBERTO ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11943	BARAY VARGAS LESLIE ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11944	RODRIGUEZ VAZQUEZ LESLIE IONESY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11945	ROMERO GARCIA SARAHI GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11946	GARCIA CHACON LESLIE ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11947	BAÑUELOS NAVA LESLIE JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11948	ACOSTA . LESLIE KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11949	MORONES MARTINEZ LESLIE MARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11950	REYES COPAS ROBERTO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11951	MEDRANO BUGARINI RAUL ALEJANDRO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11952	GONZALEZ CANO LESLIE MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11953	OROZCO NUÑEZ LESLIE MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11954	LOYA PORTILLO LESLIE PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11955	SALCIDO GONZALEZ LESLIE PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11956	CALDERON GONZALEZ LESLIE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11957	MANRIQUEZ VALENZUELA LESLIE PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11958	VAZQUEZ CUETO ROBERTO ALONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11959	LEVARIO ORTEGA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11960	MEDRANO GARCIA ROBERTO CARLOS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11961	BAEZ GONZALEZ LESLIE VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11962	VAZQUEZ MURGA LESLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11963	ESTRADA RODRIGUEZ ROBERTO EFRAIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11964	LUJAN GARCIA LESLY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11965	MAGUREGUI NEVAREZ ELIAS ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11966	RIOS . LESLY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11967	CHAVEZ SANCHEZ LESLY BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11968	BLANCO MARTINEZ SANDRA ARACELY	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11969	HERRERA AMARILLAS LESLY JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11970	QUEZADA ORTIZ LESLY JOSELIM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11971	FIERRO DOMINGUEZ LESLY VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11972	MOLINA RIVERA ELVIRA NATALIA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11973	ORTIZ ESQUIVEL LESLYE VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11974	VAZQUEZ DELGADO LESLYE VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11975	PEREZ RUIZ LESSLY GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
11976	RAMOS ORTEGA LESSLY MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11977	ARRIAGA PONCE LESTAT MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11978	CHALACA LOPEZ LETICIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11979	SOLORZANO GARFIO SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11980	MERIDA FLORES LEVI AMAURY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11981	VALENZUELA RUVALCABA LIDIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11982	NAVA ESPARZA ROBERTO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11983	TARANGO JIMENEZ ROBERTO OBED	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11984	GOMEZ CORTINAS LILIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11985	FACIO RAMOS LILIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11986	SANCHEZ HOLGUIN PAOLA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11987	ACOSTA MARTINEZ MARIANNA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11988	LARA JIMENEZ VANESA VIANEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11989	MOLINA GRAMER VICTOR DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11990	MUÑOZ RUVALCABA AMERICA NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11991	PARRA ROMERO PERLA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11992	SALCIDO ESCOBAR AMITZA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
11993	DE LA GARZA PARRA AMMY JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11994	PLAZA MARTINEZ ANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11995	SALAS MENDEZ MIRIAM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11996	CARAVEO AGUILAR ANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11997	FRIAS MENDIETA ANA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11998	ORENDAIN ZAMORA ANA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
11999	RAMOS SEGOVIA ANA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12000	IBARRA DELGADO ANA FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12001	QUEZADA SANCHEZ ANA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12002	HERNANDEZ PAVIA YAMILET ITZAGUERI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12003	DOMINGUEZ TORRES ALLYSON GRISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12004	XOCHIMITL MERINO SERGIO GERARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12005	LOZANO DOMINGUEZ ARANZA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12006	COTA RUIZ PAOLA ESTHELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12007	TERRAZAS CALVA AYLIN ROSARIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12008	MACIAS DUARTE PAOLA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12009	FRIAS MENDIETA ANA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12010	PONCE MIRANDA ALAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12011	RAMOS MENDOZA VALERIA SAHIAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12012	ROMERO GONZALEZ ANA GABRIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12013	RAMIREZ SOSA VALERIA SARAHI	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12014	MENDEZ ARIAS LIZETH	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12015	CARRILLO RASCON BRENDA BERENICE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12016	ANAYA CARO PAOLA ITZEL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12017	CORRAL BRITO VALERIA VERONICA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12018	CHAVEZ MARTINEZ DANNA PAULINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12019	MARIN ALDRETE ANA GRACIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12020	APEZ GUZMAN ANA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12021	VALVERDE HERNANDEZ NAYELI	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12022	PRIETO HERNANDEZ ANA JIMENA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12023	VAZQUEZ CAVAZOS VICTOR EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12024	RAMIREZ BERNAL ANA KAREN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12025	ARMENDARIZ RAMOS ANA KAREN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12026	MONTES CARRASCO KAREN JATZIRI	17 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12027	DE SANTIAGO AGUILAR PAOLA JUDITH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12028	BERNAL LOPEZ JOVANA ITZEL	17 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12029	GONZALEZ DURAN PAOLA LIZETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12030	ANTILLON ARELLANES RENEE	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12031	AGUILAR HERNANDEZ PRAVDA LUZ	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12032	MORENO LOPEZ ANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12033	HERRERA BEJARANO ANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12034	DOMINGUEZ LUGO KAREN SAMANTHA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12035	ESPINOZA ZAMORANO TANIA LIZBETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12036	GUEVARA MORENO ANA KRISTEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12037	ORNELAS CEPEDA PAOLA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12038	CAMPISTA JAQUEZ IAN FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12039	RODRIGUEZ GINER MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12040	ROCHA NAVARRO PAOLA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12041	GRADO SALDIVAR YULISSA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12042	MENDOZA REZA PAOLA SUJEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12043	CABALLERO VILLEGAS ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12044	DOMINGUEZ ENRIQUEZ ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12045	BAÑUELAS MARIN MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12046	VEGA RIOS AIMEE FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12047	GRANADOS PAEZ ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12048	MEDRANO MALDONADO DIARA MAYLEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12049	ANDUJO HERNANDEZ ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12050	VILLALOBOS ONTIVEROS ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12051	ELOSEGUI VILLA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12052	PORRAS HERNANDEZ ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12053	ARRIETA GONZALEZ ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12054	ESPINOZA BUSTILLOS VICTOR HUGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12055	GARCIA NORIEGA ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12056	LOZOYA GUTIERREZ ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12057	FERNANDEZ HERNANDEZ PATRICIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12058	DURAN ANGELES PATRICIA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12059	GRANADOS GUERRA ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12060	VILLARREAL RUBIO ERIK ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12061	ONTIVEROS RUIZ HEBER VENTURA	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12062	REYNOSO NAVARRETE PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12063	CHAVEZ STIRK KATIA DENISSE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12064	GARCIA ALDERETE LUISANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12065	YAÑEZ PEREZ ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12066	DIAZ AMAYA ANA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12067	RODRIGUEZ FARFAN TANIA LUCIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12068	PEREZ MORALES JESUS ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12069	AGUIRRE RUIZ PATRICIA JAQUELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12070	GONZALEZ ORTEGA ANA MARCELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12071	ORTEGA HERRERA ANA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12072	ROCHIN RODRIGUEZ ANA MAYRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12073	HERNANDEZ MADRIGAL ANA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12074	GUTIERREZ MARIN KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12075	CRUZ NUÑEZ JARED ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12076	AGUIRRE GARCIA ANA PAULA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12077	JUAREZ MUÑOZ LUISA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12078	MENDEZ VEGA ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12079	FLORES GAMBOA ANA PAULA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12080	HOLGUIN PRADO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12081	DELGADO GARCIA FANNY ARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12082	LUNA MINJAREZ VERONICA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12083	ESPINO GOMEZ SILVIA KRYSTEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12084	CHAVEZ RUIZ PATRICIA JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12085	CASTAÑON LEAL DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12086	TALAMANTES BASURTO KATIA KEILYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12087	ARANDA PINEDO ANA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12088	RAMIREZ MACHUCA ANA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12089	SOLTERO ALVARADO PILAR GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12090	MORENO HERRERA ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12091	RESENDIZ CORREA ANA SELENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12092	SALAIRES OCHOA ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12093	CHAVEZ VILLA PAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12094	RODRIGUEZ SANCHEZ MARIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12095	MORALES PARRA ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12096	ALANIS QUIÑONEZ ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12097	HOLGUIN DURAN ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12098	PEREZ FLORES ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12099	RODARTE MONTES ANGELA YULEIDI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12100	FIERRO OLIVAS ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12101	RUBIO GALAZ PAUL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12102	RODRIGUEZ SOTELO PAUL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12103	GARCIA AGUIRRE ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12104	RIOS YESCAS VICTORIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12105	GRANADOS GUERRA ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12106	GANDARA RUIZ DIANA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12107	CASTELLANOS JOANNIS NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12108	TORRES GONZALEZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12109	LOPEZ HERNANDEZ ANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12110	MARQUEZ QUIÑONEZ PAUL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12111	VILLALOBOS NAVA ANA XITLALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12112	FLORES MORALES ANABERTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12113	RANGEL SANCHEZ ANADALAY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12114	VALLEJO IBARRA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12115	BAÑUELAS GARDEA ANALUCIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12116	BELTRAN JACQUEZ FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12117	PACHECO LAZCANO PAUL OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12118	PEREGRINO ARMENDARIZ MARIA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12119	RODRIGUEZ BENCOMO XOCHITL CITLALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12120	GONZALEZ GALLEGOS ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12121	DELGADO VASQUEZ JABNEE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12122	JUAREZ CHAVARRIA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12123	DELGADO GUTIERREZ PAULA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12124	GARCIA RUIZ TANIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12125	PRIETO SAUCEDO KARINA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12126	CEPEDA OSORIA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12127	CHAVEZ SALINAS KEYLA ISABEL	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12128	TERAN ACOSTA MARIO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12129	PALLARES FIERRO LILIAN ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12130	GUILLEN CHAVEZ ANAHI GUADALUPE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12131	HERNANDEZ RANGEL ANAID MICHELLE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12132	CASALE OROZCO VICTOR HUGO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12133	MONTAÑEZ PRIETO AZUL NAILEA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12134	MARTINEZ VALENZUELA MARIAN AIME	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12135	PEÑA LOPEZ EVELYN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12136	SEPULVEDA LOPEZ PAULA EDENY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12137	MARTINEZ FAUDO A TERESA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12138	HOLGUIN MONDRAGON PAULA IVONNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12139	GARCIA VASQUEZ ALAN EMMANUEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12140	CAMILO LEAL ANAREIDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12141	RENTERIA BALDERRAMA ANDRE ISSAC	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12142	ACOSTA SALCIDO ESDRAS ABRAHAM	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12143	CORRAL QUEZADA ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12144	PONCE JUAREZ ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12145	DIAZ GALLEGOS GRECIA RENEE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12146	OREGON DEL ANGEL ANDREA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12147	MACIAS MOLINA PAULINA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12148	CHACON ZAVALA KEYLA MARIANA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12149	QUEZADA RODRIGUEZ VANESA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12150	SOLTERO FERNANDEZ JESUS ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12151	SAGARNAGA VARGAS ALI ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12152	RIOS RUIZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12153	SANDOVAL VALLES MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12154	URBINA PEREZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12155	CARRASCO BALCORTA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12156	CHAVEZ GARCIA ALICIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12157	NUÑEZ CHAVEZ VIANEY GISELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12158	DIAZ CAPERON JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12159	RAMIREZ MEDINA ARIADNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12160	MEDINA TORRES ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12161	GONZALEZ MARTINEZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12162	RIVAS CHAVEZ LORENZO ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12163	HERNANDEZ FERNANDEZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12164	DOMINGUEZ RINCON ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12165	VALLES GRANADOS ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12166	GOMEZ SANTIESTEBAN ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12167	CHAVEZ MALTOS SANTIAGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12168	VALVERDE VARELA ALEJANDRA VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12169	ROCHA NAVARRO ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12170	SILVA VELETA PATRICIA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12171	LUCERO VALLES IXCHEL ARIADNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12172	GARCIA VALLES ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12173	GOMEZ ESPARZA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12174	SOTELO ANDANA DAFNE JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12175	RODRIGUEZ RODRIGUEZ ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12176	CABRERA RODRIGUEZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12177	PONCE COLLAZO ANDREA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12178	OCHOA AGUILAR VALERIA VIANNEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12179	RIOS DUEÑAS ASTRID JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12180	MARTINEZ CHACON PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12181	MARIÑELARENA VAZQUEZ ANDREA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12182	VARGAS FELIX DAVID RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12183	GONZALEZ REYES ANDREA ALESSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12184	AYALA TREVIZO ANDREA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12185	GUTIERREZ ESTRADA ANDREA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12186	GAMBOA LIZALDE ANDREA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12187	CALDERON GUTIERREZ DAYARA YATZIRI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12188	GOMEZ ROMERO ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12189	FUYIVARA RAMOS CRISTA NAOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12190	DELGADO ROSALES CINTHIA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12191	ARVIZU PADRON ANDREA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12192	CHAVEZ PORTILLO INGRID ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12193	ELIZONDO RODRIGUEZ STEPHANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12194	SOTO MARTINEZ MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12195	IBARRA ALVAREZ LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12196	SANTACRUZ TRUEBA ANDREA FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12197	RODRIGUEZ CERVANTES ALEXIS GUSTAVO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12198	PALMA HOLGUIN ANDREA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12199	CORTES MARIN CARLOS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12200	RIVERA CASTILLO ANDREA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12201	NUÑEZ GUTIERREZ EDITH BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12202	TORRES GONZALEZ ANDREA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12203	ACEVEDO CONTRERAS RAFAEL EDGAR	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12204	RODRIGUEZ REZA CRISTINA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12205	PEREZ RIOS VICTOR LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12206	LARA FIERRO YAZMIN HAYDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12207	GARCIA HERRERA ANDREA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12208	FIERRO BUSTILLOS RENE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12209	NAJERA VILLALPANDO MAGALY	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12210	ESCOBAR COVARRUBIAS ANDREA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12211	VILLALOBOS LARRAZOLO PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12212	CRUZ DOMINGUEZ ARLETH DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12213	VELASCO MORALES OSCAR MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12214	SAENZ LOPEZ ANDREA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12215	DURAN RODRIGUEZ PERLA ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12216	VARGAS CABRERA ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12217	GAN RUIZ DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12218	BEJARANO ANCHONDO ANDREA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12219	CABALLERO DE LA TORRE MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12220	ORNELAS ESPARZA ANDREA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12221	SILVA LOPEZ ANDREA JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12222	PARRA RASCON LORENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12223	ACOSTA SANCHEZ LAURA CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12224	BONILLA HERRERA ANDREA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12225	MONTES ROMERO PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12226	LUTZ ACOSTA ANDREA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12227	DIAZ GALVEZ ANDREA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12228	RIVERA ARRAZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12229	PRIETO CARDENAS RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12230	BACA FIERRO DANIELA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12231	SEPULVEDA MORENO ANDREA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12232	VALENZUELA HOLGUIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12233	RODRIGUEZ TORRES ANDREA MONSERRAT	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12234	CAZARES DOMINGUEZ ANDREA NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12235	VILLARREAL QUIÑONEZ ANDREA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12236	BARRERA BONILLA ANDREA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12237	LARA RIVERA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12238	BUGARIN ORTALEJO ANDREA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12239	RIOS FLORES GRECIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12240	CORRAL CISNEROS KEVIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12241	LOPEZ RIVERA ANDREA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12242	IBARRA RAMIREZ CITLALI MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12243	VEGA DURAN ANDREA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12244	CARNERO GARCIA JULIO CESAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12245	PILLADO IBARRA SONIA PATRICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12246	CERVANTES MONGE LAURA KARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12247	HERNANDEZ AGUIRRE MARIO ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12248	OJEDA VARGAS ANDREA YANELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12249	VARGAS ACOSTA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12250	HOLLING HERMOSILLO ANDRES ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12251	LECHUGA ENRIQUEZ ANDRES EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12252	IGLESIAS MENDOZA ANDRES RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12253	CASTILLO ORTEGA LISETH ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12254	ESTRADA QUIÑONEZ ANETH MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12255	ESCOBEDO SALCIDO PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12256	CASTAÑEDA ELIAS ANGEL ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12257	MALDONADO MENDOZA KEILA JHOSELYNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12258	REYES MARTINEZ ANGEL ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12259	TARANGO ESCOBAR PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12260	LEGARRETA CARRASCO MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12261	HOLGUIN TORRES IVONNE GRISELDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12262	ANCHONDO VASQUEZ LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12263	RUIZ OZETA ANGEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12264	MORAN BURROLA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12265	AVELLA VILLALOBOS PAULINA AIDE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12266	MONTES MONTOYA ANGEL ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12267	CARRASCO MOLINAR ANGEL ANDREE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12268	CASTILLO CORTES ANDREI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12269	TALAVERA ARAGON PAULINA AIDEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12270	CORDOVA SANCHEZ ALVARO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12271	PALACIOS CARREON JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12272	NEVAREZ OSTOS MARIANA NAYELI	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12273	ORTIZ SANTANA TANIA GRISELDA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12274	AGUIRRE OROZCO DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12275	BAEZA VEGA PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12276	RENTERIA OLIVAS EVA FLORENCIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12277	DOMINGUEZ DE LA O MARIANA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12278	RIOS BOUCHE ANGEL ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12279	GOMEZ REY PAULINA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12280	CHAVIRA MARTINEZ VANELLY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12281	RUBI LOERA CRISTIAN YAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12282	DE LA CRUZ SOTO ANGEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12283	PEREZ VASQUEZ ANGEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12284	FLORES QUEZADA DAISY BRIDGET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12285	SALCIDO GUTIERREZ RAMON EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12286	MARCIAL GOMEZ ANGEL FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12287	MOTA PORTILLO MARIAN TERESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12288	PAULIN LAGUNAS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12289	CARRILLO CABRIALES ADAHIR ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12290	CHACON RONQUILLO CARLOS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12291	BURROLA DE ANDA PAULINA IVETT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12292	RIVERA MONTOYA ANGEL GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12293	LLAMAS RICO ALONDRA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12294	ONTIVEROS NUÑEZ ANGEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12295	LUCERO GALLO STEPHANY ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12296	ROMERO GARCIA EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12297	HERNANDEZ MORA SUGEIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12298	OCHOA MORENO ANGEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12299	SANCHEZ GOMEZ ANGEL ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12300	ARCE BALDERRAMA PAULINA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12301	RODRIGUEZ PACHECO ANGEL IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12302	CABRIALES PANIAGUA FATIMA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12303	MOSCO LARA ANGEL RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12304	DELGADO RIOS ANGEL SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12305	GINER BALDERRAMA PAVEL JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12306	ROMAN NAVARRO ISELA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12307	TORRES FERNANDEZ ANGEL SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12308	BACA ARAGON EMELY AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12309	LUNA PACHECO STACY CONSTANZA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12310	GONZALEZ CHAVEZ ANGEL UZZIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12311	ESTEVEZ BECERRA GUADALUPE DARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12312	GARCIA LOERA VALERIA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12313	VERDUZCO QUIÑONES JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12314	MURRIETA FERNANDEZ MIRANDA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12315	VILLASEÑOR MENDEZ ANGELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12316	LEVARIO LEYVA ANGELA ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12317	MARTINEZ COELLO CRISTAL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12318	PORTILLO VASQUEZ ANGELA JAIDY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12319	MENDOZA SANCHEZ VIANEY ALMENDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12320	JACOBO CRUZ DALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12321	PUENTE ESTRADA YARELI STEFANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12322	TREJO ORDUÑO ODALYS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12323	DERMA GARCIA JORGE ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12324	SOTO SALAS ALONDRA ODETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12325	MARTA HERNANDEZ ANGELA MICHELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12326	TORRES LOZOYA ANGELA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12327	NAVA VALENZUELA ANGELES MELISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12328	CARRILLO TARANGO PERLA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12329	SALAS LARA NAHOMI JAQUELINE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12330	FELIX VEGA ANGELICA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12331	LOYA GARCIA DE LA CADENA JAIME ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12332	TREJO GONZALEZ ALONDRA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12333	TIRADO DURAN ANNA VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12334	BUSTILLOS CHAVEZ ANNETH MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12335	CHAVEZ ARMENDARIZ VANESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12336	BEJARANO CHAINE IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12337	ACOSTA PIZARRO ANTHONY EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12338	VILLA TARIN ANTHONY SIMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12339	GANDARILLA BATISTA ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12340	OVALLE AGUIRRE PEDRO CESAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12341	CARRILLO SANCHEZ NUBIA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12342	PEREZ CAMUÑEZ LILIA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12343	FLORES IGUADO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12344	TORRES DIAZ PEDRO FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12345	GALINDO MADRIGAL ANTONIO DE JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12346	BOLIVAR SALAS ARACELY MANUELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12347	BELTRAN DEL RIO VILLA ARANZA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12348	VARGAS GARCIA ARATH FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12349	JAQUEZ HERNANDEZ AREICA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12350	CORRAL BARRON ROLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12351	BARRAZA DUARTE ARELI JOSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12352	RAMIREZ MORALES PEDRO MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12353	AMADOR RAMIREZ PEDRO MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12354	ROBLES CHACON ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12355	MILO GARCIA JORGE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12356	BUSTILLOS BACA KEILLY EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12357	HERNANDEZ VALVERDE ARELY ANAYS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12358	AGUILERA MENDOZA ARELY ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12359	GARCIA PAVIA ARELY YAMILET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12360	HERNANDEZ DIAZ ARELY YAMILETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12361	HERNANDEZ CHAVEZ ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12362	ORTEGA CIGARROA ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12363	DIAZ RIOS ERIK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12364	GARAY ROJO YAEL JOSHUA	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12365	GUTIERREZ RODRIGUEZ ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12366	LUCERO SANCHEZ NANCY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12367	ESTRADA GONZALEZ ARIADNA GISEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12368	PEREZ GRAJEDA KARLA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12369	MORALES GONZALEZ VANESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12370	LOPEZ GONZALEZ ARIADNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12371	MOLINA BARRAZA CLARISSA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12372	HERNANDEZ MORALES SIRIA DALAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12373	OLIVAS MALDONADO CLAUDIA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12374	NUÑEZ GALLEGOS ARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12375	MURGUIA ARMENDARIZ CARLA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12376	FLORES TORRES NAHOMI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12377	MARTINEZ PAREDES BRIAN REYDESEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12378	LICON BRIONES CESAR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12379	ESPINOZA CAMPOS ARIZBE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12380	TORRES ANAYA ARLETH VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12381	MENDOZA PORTILLO ADRIAN ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12382	MEDINA VAZQUEZ VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12383	PALMA LOYA ARLIN DALILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12384	LERMA GALLEGOS ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12385	MARQUEZ SANDOVAL PEDRO MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12386	SAENZ ARRIOLA ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12387	CABULLO MARIN MARIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12388	SOLIS OCHOA ARMIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12389	ORTIZ DOMINGUEZ ALEJANDRO EMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12390	ALVIDREZ GUERRERO ARTURO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12391	ELIZONDO DIAZ PENELOPE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12392	SAENZ PINALES PERLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12393	VELA MARQUEZ ARYANA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12394	IBARRA BUSTILLOS JOSE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12395	HERAS . ASHLEY BRIDGET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12396	MUÑOZ MARTINEZ MARIA TERESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12397	MENDOZA CHAVARRIA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12398	CHAVEZ GALINDO JESUS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12399	ORTIZ SALGADO VALERIA MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12400	PEREZ MOLINA ANDREA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12401	CERA GARCIA ASHLEY ELIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12402	SAUCEDA HERNANDEZ ASHLY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12403	BENCOMO RODRIGUEZ ASHLY GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12404	ESPINOZA LIMA DIANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12405	CASTAÑON HOLGUIN CESAR ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12406	BALDERRAMA TREJO ATHZIRI IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12407	CERROS DOMINGUEZ KARELY EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12408	CANO CALDERON VICTOR JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12409	MONTELONGO ESPINOSA KENYA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12410	BRAVO BORUNDA YARA GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12411	OLACE MOLINAR ALAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12412	QUINTANA HERNANDEZ PERLA ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12413	NEVAREZ BURCIAGA DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12414	RAMIREZ PEREZ HAIRO ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12415	MORALES GOMEZ MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12416	NAJERA REGALADO HORACIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12417	RODRIGUEZ OLIVAS AXEL ALEXANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12418	GARDEA FELIX ALEXA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12419	MAGDALENO DEL RIO AXEL ANDRE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12420	RAMIREZ MENDOZA HECTOR EMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12421	OROZCO RODRIGUEZ AXEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12422	ORTIZ ARREOLA PERLA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12423	RIVERA TREVIÑO AXEL JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12424	GARCIA MELENDEZ FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12425	BANDA HERNANDEZ LUIS FELIPE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12426	PRIETO AGUILAR AYLIN ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12427	SERRANO SOLTERO AYLIN IDALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12428	LOPEZ LUCERO JOSELINE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12429	MORITA SALGADO MITZUKI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12430	TORRES CASTILLO AYLIN MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12431	VAZQUEZ CAZARES AYSHA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12432	GUST TORRES SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12433	RODRIGUEZ QUEZADA AZALEA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12434	ORTEGA TERAN CRISTINA ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12435	ZALDIVAR ROCHA AZLID SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12436	CELESTIN OVALLE EDGAR AUGUSTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12437	PAYAN MERAZ JESSICA MARLENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12438	GARZA OLIVAS MARTIN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12439	SALAI CHAPARRO AZUCENA DE JESUS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12440	FIERRO GONZALEZ DANIELIA HANOI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12441	SAENZ LAZCANO JORDAN ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12442	MENDEZ FUENTES AZUL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12443	PINEDO CHAVARRIA PERLA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12444	SANCHEZ FLORES RENATA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12445	MOLINA MARTINEZ PERLA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12446	AVILA SAUCEDO AZUL ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12447	SAENZ RIVERA BARBARA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12448	AGUIRRE QUINTANA DIBANHY YAHAIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12449	ESTRADA MARTINEZ BEATRIZ GARDENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12450	PIZAÑA VILLA BENJAMIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12451	ZAMARRON VILLALOBOS BERENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12452	SOTELO SANDOVAL BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12453	GONZALEZ RUELAS ESTEFANI SOLEDAD	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12454	ARIAS ZAPATA DAVID RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12455	ORDOÑEZ PARRA ADRIANA LIZETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12456	GARCIA MURILLO LIZBETH AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12457	MARTINEZ FIERRO BERENICE DANELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12458	ZAMBRANO SAENZ BERSELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12459	HOLGUIN SOLIS KEVIN ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12460	MARQUEZ DELGADO BERYL GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12461	HERNANDEZ FIGUEROA MAYRA IVONNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12462	COTA PALAFOX BIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12463	REYES DE LUNA BIANKA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12464	GARCIA VILLALOBOS BLANCA ISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12465	TERRAZAS DOMINGUEZ KARINA BIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12466	GARIBAY GONZALEZ BRANDO EMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12467	OLIVAS VIVEROS BRANDON DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12468	PEREZ BEDOY CARLOS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12469	CARRETE CARRETE PERLA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12470	GARDEA AGUIRRE KARLA YANET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12471	RENTERIA ARANDA SOFIA ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12472	CHAVEZ BORUNDA ANHI SAMAHARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12473	CRUZ MARTINEZ GIOVANNI ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12474	MARTINEZ QUINTERO FERNANDA JAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12475	TREVIZO TORRES PERLA IVETT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12476	MADRID CASTILLO BRAYAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12477	MERAZ NAVARRO VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12478	CARRILLO GONZALEZ BRAYAN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12479	PAYAN CERVANTES PERLA KRYSTAL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12480	SERRANO MENDOZA KAREN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	JOSELYN									
12481	GINER PALMA BRAYAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRO									
12482	RODRIGUEZ RUBIO LESLI	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	MARIANA									
12483	HERNANDEZ TRUJILLO ANGEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EMMANUEL									
12484	GONZALEZ AMATHON BRAYAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANTONIO									
12485	PEREZ ORTIZ MARIAFERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12486	DOMINGUEZ MIRELES GENESIS	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ADRIANA									
12487	SOTO MENDEZ BRAYAN ARTURO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12488	GAMEZ CALDERON NAIM	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EMMANUEL									
12489	CASTILLO CARDENAS BRAYAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EDUARDO									
12490	HERRERA OCHOA JESUS	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFREDO									
12491	LEYVA BUENO VANESSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12492	ALMANZA MELENDEZ BRAYAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ERNESTO									
12493	VAZQUEZ ROJO BRAYAN ISAAC	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12494	ROCHA NORIEGA DANIEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	EDMUNDO									
12495	LIMAS GANDARA ALEXANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	YESENIA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12496	ARREDONDO PIÑA PERLA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12497	OLIVARES GUTIERREZ PERLA YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12498	GRIJALVA GONZALEZ YAIR LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12499	NAVA PEREZ DIANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12500	RENOVA MARTHA CARLOS IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12501	TAM RUIZ ANDREA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12502	MARTINEZ RODRIGUEZ BRENDA ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12503	GARAY GONZALEZ BRENDA LILIAN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12504	MARTINEZ GOMEZ BRENDA NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12505	ALVARADO ROSAS BRENDA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12506	ERIVES AGUILAR BRIAN JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12507	ESPINOZA CASTREJON BRIANDA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12508	ORNELAS VAZQUEZ RACHELL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12509	LOPEZ CHACON MICHELLE ANALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12510	ONTIVEROS SOLIS LOURDES ALEGRIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12511	MELENDEZ GALLEGOS BRISSLIE DAYANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12512	FIERRO ALVIDREZ VICTOR MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12513	NERI CHAVEZ GISELL ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12514	SALAZAR RODRIGUEZ ANALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12515	AMPARAN MONTES BRIANDA MANUELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12516	GONZALEZ DUARTE VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12517	MONTAÑEZ MIRANDA RICARDO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12518	RIVERA REYES JONATAN UZIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12519	CAMPOS MARTINEZ SANDRA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12520	RAMIREZ MOTA MARIANA PRISCILLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12521	TORRES PEREZ RODRIGUEZ LUIS FELIPE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12522	ALMANZA FRIAS EVELYN ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12523	DOMINGUEZ MADRID BRISA YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12524	TERRAZAS PIZARRO GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12525	CHAVEZ SERRANO BRISELL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12526	IBARRA BACA PERLA YAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12527	DIAZ MARQUEZ VANESSA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12528	PEREZ MONDACA BRISSA KARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12529	CASTELO CENICEROS BRISSA YASBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12530	CHAVIRA MARTINEZ BRITANIA YSENDI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12531	FLORES DOMINGUEZ BRYAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12532	ALARCON FLORES RUBI GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12533	AGUILAR ACOSTA ALAN GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12534	PONCE DE LEON LOPEZ BRYAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12535	RICO ACUÑA SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12536	GUTIERREZ CHAVEZ ROCIO DE DIOS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12537	SALCIDO GAYTAN ASTRID ULAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12538	ARANZOLA VARGAS ANA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12539	GUERRERO HERRERA MANUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12540	JAIME GONZALEZ ANDREA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12541	GIRON QUEZADA PRICILA YUNEXI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12542	GARCIA VARGAS YARITSI JOANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12543	MORALES RODRIGUEZ LESLIE SHARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12544	GONZALEZ MORALES VANIA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12545	RIVERA ROJO ALAN ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12546	ARAGONEZ HIELO BRYAN ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12547	CASTAÑEDA PEREA CARMEN ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12548	VARGAS MARTINEZ ARIADNA GISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12549	FERNANDEZ BURCIAGA BRYAN IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12550	MENA GUANESPEN PAULA AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12551	PORRAS GARCIA BRYAN JAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12552	BALBUENA AGUIRRE VICTOR MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12553	ALANIS ARIAS VICTOR JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12554	CERRETEÑO FIERRO EDITH VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12555	GLORIA LOPEZ BRYAN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12556	GONZALEZ VILLA BRYANT EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12557	MARTINEZ ZAMBRANO CAMILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12558	CHAVEZ HEREDIA VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12559	CASTILLO VAZQUEZ WENDY ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12560	RIVERA RUIZ RUBY HAIDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12561	RODRIGUEZ RODRIGUEZ LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12562	MUÑOZ MOTA CARLA JOCELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12563	SOTELO FLORES ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12564	RAMOS CORONADO VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12565	ORTEGA VAZQUEZ PRIMITIVO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12566	VILLALOBOS CHAVIRA DANIA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12567	MATA HERRERA ANA PAULA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12568	CEDILLO HERNANDEZ CARLA NALLELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12569	RODRIGUEZ HERNANDEZ KEVIN FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12570	NORIEGA CANO CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12571	CAMPOS GALVAN VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12572	LOPEZ SALAS CARLOS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12573	ORTIZ COLMENERO MARIA XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12574	RODRIGUEZ LOPEZ ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12575	VAZQUEZ TERRAZAS DAFNE JOCELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12576	MONTAÑO GUERRERO VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12577	ZUÑIGA CHAVEZ MAYRA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12578	VELEZ MARQUEZ FERNANDA SCARLETT	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12579	GONZALEZ QUEZADA DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12580	SALAZAR BETANCE BEATRIZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12581	TREJO ALARCON VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12582	DELGADO JIMENEZ CARLOS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12583	LAMAS LUNA LEONARDO ISAIAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12584	REZA HIDALGO VANELY ITZEL	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12585	NINFFERT MONCADA CLAUDIA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12586	DIAZ SALAIS CARLOS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12587	DAVILA CEDEÑO CARLOS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12588	BUSTILLOS NUÑEZ CARLOS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12589	DOZAL CALDERON EMILYN ANETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12590	SOSA GUIGON VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12591	CHICO PALOMARES CARLOS ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12592	QUINTANA MORENO LUIS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12593	MARTINEZ COLMENERO CARLOS ARAMIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12594	SAMANIEGO GONZALEZ CARLOS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12595	LOZANO PALMA PABLO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12596	DELGADO MONTOYA CARLOS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12597	PROVENCIO VARGAS CESILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12598	VARGAS CALDERON FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12599	GONZALEZ FLORES CARLOS GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12600	DE LA CRUZ ONTIVEROS KAREN LUCIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12601	MARTINEZ ZAMORA PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12602	GARCIA VILLEZCAS ALAN MARTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12603	GUTIERREZ GALARZA LUISA JOHANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12604	CONTRERAS NEVAREZ PRISCILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12605	ALANIS QUIÑONES DAMARIS ABRIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12606	SALINAS RAMOS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12607	LINARES GAYTAN PRISCILA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12608	MARTA DURAN CARLOS MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12609	HERNANDEZ CASTRO THANIA VALERIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12610	ORNELAS ZAPATA SANDRA ADEL/	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12611	PALMA LUCERO CARLOS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12612	MORALES MARMOLEJO VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12613	CHAVEZ FONTES AIXA JIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12614	MERINO LOPEZ NORMA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12615	COVARRUBIAS CASTRO CARLOS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12616	BARRON DIAZ MELANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12617	MOLINAR SALAZAR LESLIE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12618	HERNANDEZ WONG CARLOS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12619	RAMIREZ ESPARZA LIZETH MARISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12620	RASCON SALDAÑA DEBANHI LORENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12621	ALMARAZ ENRIQUEZ CARLOS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12622	VALENZUELA RODRIGUEZ CARLOS MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12623	LUCERO LAGUNAS PRISCILA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12624	ANTILLON ELIAS CARLOS MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12625	MORENO ORTEGA CARLOS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12626	ARMENDARIZ GRANADOS JESSYCA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12627	ESNAYRA MEDINA CARLOS OSSIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12628	RAMOS GONZALEZ CARLOS RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12629	RASCON ITURRALDE DULCE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12630	FRANCO NUÑEZ MARTIN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12631	VALENCIA ACOSTA BRISSA LINDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12632	SAN ROMAN ARANA ANDREA DEHENY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12633	RUVALCABA RODRIGUEZ MARIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12634	PEREZ BUSTILLOS CARLOS RODRIGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12635	MERCADO MONTES ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12636	TOVAR TRILLO CARLOS SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12637	HERRERA RODRIGUEZ CARMEN CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12638	LOPEZ ROSAS CARMEN DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12639	BORUNDA CHAVEZ CARMEN GISELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12640	GARCIA SALAS CARMEN VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12641	CARDONA ESTRADA URIEL HUMBERTO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12642	PARRA BORUNDA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12643	GALLEGOS PEREZ FERNANDA KARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12644	ARAUJO RODRIGUEZ ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12645	CAÑEZ CASTRO IVONE ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12646	CORRAL TENA ERICKA JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12647	RIVERA ALVAREZ CAROL ARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12648	ROCHA MEDINA CAROL FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12649	IRIGOYEN VALLES CAROLINA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12650	DOMINGUEZ VAZQUEZ CAROLINA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12651	VELGARA MARRUFO ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12652	REYES CARRERA PRISCILA YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12653	MACIAS DOMINGUEZ PRISCILLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12654	VAZQUEZ VAZQUEZ CAROLINA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12655	VALVERDE ROMERO CASSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12656	GARCIA MEZA EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12657	SANCHEZ RAMIREZ ANTARES SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12658	AVILA VILLOBOBOS MICHELLE BETZABE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12659	VAZQUEZ PEREZ CATHERINE SELENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12660	BARRADAS BOUECHE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12661	SERA GONZALEZ CATHERINNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12662	ALVAREZ CHACON LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12663	SOLIS GARDEA LESLY PILAR	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12664	RODRIGUEZ URANGA CELINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12665	GARCIA REYES CESAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12666	PORRAS OLIVAS BRAULIO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12667	VILLAGRAN GUTIERREZ CESAR ABDEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12668	VAZQUEZ VARELA LEZLY PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12669	RUIZ BONILLA PRISCILLA MIREYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12670	SEÑEZ CHAVEZ YAZMIN ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12671	AGUIRRE MELENDEZ MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12672	TERRAZAS TALAVERA CESAR ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12673	TORRES AGUIRRE CESAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12674	ALARCON GARFIO BIANCA DARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12675	CABRERA MILIAN KARLA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12676	ROBLES GONZALEZ VANESSA ARABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12677	PEREZ ORNELAS YACIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12678	PERAZA LOPEZ PRISCILLA NALLELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12679	LAZCANO TARIN ITZEL ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12680	OLIVAS AGUIRRE MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12681	VENEGAS HIDALGO CESAR DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12682	ANAYA CARDENAS CESAR DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12683	CANTU HERNANDEZ CESAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12684	VILLALBA DOMINGUEZ CESAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12685	MELENDEZ TAPIA JACIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12686	MILLAN CHAVIRA CESAR ESTEBAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12687	MEDINA ESTRADA CESAR OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12688	SALGADO MARTINEZ ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12689	BURCIAGA ORTEGA CHELSSY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12690	DELGADO MAYORGA ILSE MICHEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12691	CERA GUTIERREZ SUJEI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12692	COBOS DE LA ROSA ABRIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12693	PEREZ SERNA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12694	NAVA VEGA ROLANDO JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12695	HERNANDEZ GRAJEDA JESUS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12696	DOMINGUEZ TREVIZO RACHEL ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12697	CARRILLO PARTIDA VICTOR MANUEL	61	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12698	YAÑEZ VILLALOBOS CHRISTIAN GUSTAVO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12699	SOSA GARCIA CHRISTIAN JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12700	RODRIGUEZ MELENDEZ CHRISTO JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12701	MORALES SCHWARTZ CINDY CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12702	MARTINEZ ELIZONDO MARIEL ALEXIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12703	CASTILLO ZEPEDA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12704	MALDONADO JIMENEZ CINDY FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12705	ESCOBEDO FRANCO PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12706	LOYA MADRID VALERIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12707	MARTINEZ ROBLEDO MAYRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12708	FERNANDEZ MARTINEZ CINDY NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12709	RAMOS MARQUEZ CINTHIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12710	JUAREZ BENCOMO CINTHIA MICHELLE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12711	CORRAL BUSTILLOS RENEE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12712	CORRAL LEYVA DIANA STACY	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12713	CHAVEZ MACIAS LARITZA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12714	RAMIREZ RUBIO CINTHYA FERNANDA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12715	RUIZ OLIVAS JOSE HUMBERTO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12716	RUVALCABA MARISCAL CINTHYA MARLENE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12717	ALMANZA ESQUIVEL CINTHYA ROCIO	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12718	MORENO ESPINOZA CIRCE NIRVANA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12719	SINECIO ARREOLA VANESSA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12720	LARA LOPEZ WENDY ELIZABETH	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12721	REY DOMINGUEZ CLAUDETH ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12722	RASCON MUÑOZ CAROLINA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12723	DIAZ VARGAS VANESSA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12724	RANGEL GOMEZ PERLA MARIA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12725	CORNEJO FLORES CLAUDIA ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12726	CHAVEZ BARREDA CLAUDIA CARELY	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
12727	CASAS HINOJOS DANIELA ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12728	VARGAS HERNANDEZ CLAUDIA IVET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12729	SALCIDO VAZQUEZ STEFAN KORINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12730	CASTAÑÓN ARELLANES ALAN ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12731	RASCON MONDRAGON TANIA LILIANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12732	VAZQUEZ SALGADO RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12733	TOVAR SANCHEZ CLAUDIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12734	ARMENDARIZ RAMIREZ CLAUDIA MARISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12735	MARRUFO GUZMAN CLAUDIA XIHMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12736	VENCES LOPEZ CRISTIAN EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12737	GARFIO CARBAJAL CRISTIAN NOE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12738	MORENO NUÑEZ RAFAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12739	LUNA SANTANA ISMAEL IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12740	RODRIGUEZ ALMEIDA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12741	SANCHEZ HOLGUIN CRISTIAN OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12742	SALAZAR MARTINEZ CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12743	CASTILLO RASCON RAFAEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12744	HERNANDEZ SALINAS STEPHANIE PAOLA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12745	HERNANDEZ HERNANDEZ CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12746	GUTIERREZ PEREZ SALMA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12747	CHAVEZ URESTI GAEL DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12748	RODRIGUEZ REYES XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12749	BUSTILLOS ALDERETE CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12750	TAVAREZ SEPULVEDA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12751	GONZALEZ LERMA CRISTINA ANAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12752	CASAS MATA AXEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12753	LUJAN RUIZ LESLY DENNISE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12754	MARTINEZ PEINADO SUJEY IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12755	GUTIERREZ VALDEZ CINTHIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12756	ESPINO CORDOVA RAFAEL GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12757	DE LA FUENTE VANEGAS LETICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12758	DE LA CRUZ CHAVEZ MIGUEL ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12759	MORENO DE LA ROSA RAIZA GALILEA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12760	COHETERO BENITO CRISTINA IRAIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12761	FIERRO DIAZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12762	CHICHITZ CANO EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12763	ACOSTA GAMEZ CRYSTAL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12764	REYNOSO GONZALEZ CRYSTAL ANAYETSI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12765	TORRES AVITIA MICHELLE ITZURI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12766	RODRIGUEZ LUJAN ANA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12767	DURAN LAZOS CRYSTAL YARETZI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12768	MARQUEZ PIZARRO CYNTHIA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12769	ARAGON PORTILLO DAENA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12770	CHAVIRA SANCHEZ DAFNE LARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12771	LUNA VALLES DAFNE JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12772	CHAVEZ ORTIZ ANDIE NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12773	GARCIA DIAZ VANNESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12774	ZENTENO VARGAS DAHIANA KARYTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12775	RODRIGUEZ RODRIGUEZ DAIRA SAYURI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12776	DURAN LEYVA RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12777	VALLES GUTIERREZ SARAHI	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12778	PARRA MARTINEZ GISEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12779	PEÑA ESPARZA SERGIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12780	ARZATE CHAPA LESLIE JAILYNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12781	BORDIER LAZOS RAMON ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12782	LOPEZ MARQUEZ DAIRY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12783	HERNANDEZ PARRA CASANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12784	DE LA ROSA URQUIJO VICTOR MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12785	SUBIAS MOMACA DALIA CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12786	AGUIRRE VEGA DALIA YAZELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12787	MUÑOZ FIMBRES DAMARIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12788	SOSA ESPARZA DAMARIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12789	PEREZ GALINDO DAMARIS YULIETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12790	GUTIERREZ JAQUEZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12791	RANGEL . DANIEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12792	LOERA YAÑEZ DAMARIZ ANAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12793	RODRIGUEZ BENEDEY DANA KRISTEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12794	BURGOS RAMOS LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12795	LOPEZ PALACIOS PENELOPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12796	ACOSTA BARRAZA DANA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12797	MEDRANO PEREZ DANAE JULIETA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12798	MARTINEZ DELGADO KENYA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12799	LUJAN BEJARANO RAMON EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12800	CHAVEZ CAÑAS DANIA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12801	BALLESTEROS MEJOR DANIA VIANNEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12802	CABADA ALCALA NICOLE ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12803	CABADA ALCALA MICHELLE ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12804	LOPEZ MACIAS LAURA ISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12805	NUÑEZ MARTOS RAMON ROSAURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12806	JACQUEZ DELGADO DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12807	CARDENAS ALDERETE DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12808	RAMOS VALENZUELA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12809	PORTILLO CRUZ DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12810	LOPEZ BONILLA SINDYA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12811	MACIAS MARISCAL KARLA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12812	MONTES ACOSTA DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12813	LOPEZ GUILLEN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12814	FLORES CHAVEZ DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12815	MEDINA OLIVAS DANIEL ADAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12816	CRUZ MUELA DANIEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12817	PEREZ GARCIA DANIEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12818	ALANIS BOTELLO GUILLERMO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12819	RODRIGUEZ JUAREZ NATALIA ODETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12820	HERMOSILLO MAGALLANES GRETTELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12821	OSORIO GARCIA ERIK DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12822	VILLEGAS MARQUEZ RAMON SHAID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12823	LOPEZ SILVEYRA DANIEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12824	LUCERO ESTRADA ALANIS ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12825	YAPOR BEJARANO DANIEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12826	GARCIA CHAVEZ DANIEL ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12827	RODRIGUEZ MEDINA DANIEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12828	CAMPOS BUENO DANIEL ELISEO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12829	ALVIDREZ ULATE MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12830	COVARRUBIAS GALLARZO CINTHYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12831	BEJARANO ALARCON RAMONA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12832	PORTILLO RODRIGUEZ DANIEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12833	BURROLA ARCINIEGA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12834	GARCIA ZUBIATE KEVIN ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12835	GONZALEZ SOTO SUSANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12836	LEOS NORIEGA DANIEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12837	CASTILLO RUBI DANIEL IGINIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12838	CHAVARRIA MALDONADO RAQUEL IVETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12839	GUERRERO HERRERA DANIEL NOE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12840	ROJAS . RASHEL JULISA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12841	RUIZ CAMPOS RAUL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12842	ARRIETA MUÑOZ RAUL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12843	MORENO VALENZUELA DANIEL SALVADOR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12844	PAYAN GURROLA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12845	LUJAN RODRIGUEZ EDGAR ENRIQUE	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12846	VITERBO PEREZ BRIZNA IVETH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12847	ACOSTA RAMOS DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12848	MORENO CHAVARRIA DEBORAH ABIGAIL	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12849	RODRIGUEZ RAMOS YESSICA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12850	FLORES LAZCANO RAUL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12851	NAJERA SANDOVAL PATRICIA ALEJANDRA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12852	CHAVEZ RICO DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12853	VASQUEZ CABRERA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12854	FLORES SANTOS OMAR HUMBERTO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12855	CABEZAS PEREZ DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12856	MARIÑELARENA GARCIA FRANCISCO JAVIER	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12857	MARTINEZ QUINTANA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12858	BANDA SOLIS EMILY MAYRIN	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12859	CASTELLANOS LOPEZ MARIA JAZMIN	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
12860	OCHOA RUIZ DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRA									
12861	TREVIZO CERVANTES DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANDREA									
12862	BELTRAN PEREZ DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANDREA									
12863	HERNANDEZ SOTO VANESSA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12864	TALAMANTES GARCIA BRISSA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12865	RAYOS ENRIQUEZ DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	BERENICE									
12866	RIVERA DOMINGUEZ DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	FERNANDA									
12867	ORTA MIRANDA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
12868	RODRIGUEZ LOYA CARLA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	FERNANDA									
12869	CARRILLO URBINA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	NAHOMI									
12870	MARTINEZ TERRAZAS MARIANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	LORENA									
12871	TREVIZO BUENO DANIELA PAOLA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
12872	LOPEZ CARRILLO MARIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	FERNANDA									
12873	MORALES PEREZ HAZIEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALBERTO									
12874	HERNANDEZ BEJARANO DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	SOFIA									
12875	LOPEZ RODRIGUEZ DANIELA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	JAQUELINE									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12876	FRIAS MARTINEZ DANIELA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12877	ORTIZ DAVILA DANNA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12878	RODRIGUEZ HERRERA DANTE YAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12879	OLMOS LOERA DAPHNE VAPSY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12880	AGUILERA LEOS DARA CYRENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12881	CEPEDA BARRAZA BRISSA ENITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12882	SALAYANDIA GARDEA DARIEN SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12883	TRISTE MONTES TANIA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12884	GOMEZ BACA OSCAR ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12885	VILLALBA FLORES KARINA DENNIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12886	CHACON CASTAÑEDA DARINKA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12887	DE LA ROSA GONZALEZ EMILY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12888	GARCIA PAYAN DANNA SOFIA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12889	MARTINEZ GONZALEZ DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12890	ANTUNA . DAVID ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12891	MORENO MONTES VANESSA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12892	HERNANDEZ GARCIA DAVID EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12893	BACA SOLIS DAVID EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12894	LOZOYA ESCOBAR MARIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12895	SEGURA AVILA DAVID FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12896	AGUIRRE CHAVEZ DAVID FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12897	GARCIA MARQUEZ RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12898	OLIVAS RIVAS PAUL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12899	REAZA GUTIERREZ DAVID IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12900	HERNANDEZ LOZANO DAVID ISRAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12901	BOTELLO OLIVAS DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12902	GUTIERREZ ENRIQUEZ DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12903	ONTIVEROS SOTELO JENNIFER	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12904	GONZALEZ CORRAL CRISTIAN ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12905	RUIZ ESPINOZA DAYANA LIZZET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12906	ESCOBAR DELGADO MONICA NOHEMY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12907	ESPINOZA VELAZQUEZ DAYANARA KEILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12908	RUBIO SALAZAR RAUL ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12909	DELGADO LOZANO ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12910	LOPEZ CORONA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12911	LARA BEJARANO DAYANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12912	RODRIGUEZ PORTILLO DAYLAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12913	TORRES MENDOZA NICOL ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12914	HOLGUIN PERALTA HENRY ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12915	JURADO RUIZ BRIAN ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12916	BELTRAN SILERIO ALEXANDRA MARISOL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12917	RODRIGUEZ JURADO DANIEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12918	RIVAS FERNANDEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12919	TELLO HERNANDEZ JULIO SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12920	ACOSTA REYES EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12921	ALVAREZ LOZOYA RAUL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12922	GALVAN LEON ALEXIS YAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12923	ITUARTE RUIZ FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12924	VAZQUEZ SILVA DAYRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12925	DIAZ GUTIERREZ RAUL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12926	FLORES LEYVA VANESSA CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12927	NUÑEZ AGUIRRE DEBANHÍ YOALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12928	SOTO OGAZ RAUL ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12929	COTA MANCINAS DEBANNI PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12930	VALENZUELA SIQUEIROS DEBANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12931	MARTINEZ GOMEZ DEBBIE NAYELLI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12932	LOPEZ ORTEGA ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12933	TORRES HERNANDEZ LEYBETH ILANI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12934	ROJAS RENTERIA DEINNA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12935	ROSALES CHAVIRA DEISY CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12936	MARQUEZ ESCARCEGA HAYDEE JAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12937	LOPEZ MACIAS DEISY DEIDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12938	CALZADILLAS MANJARREZ RAUL ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12939	DE LA ROSA PEREZ DENIS FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12940	SIFUENTES GAYTAN DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12941	SOTO GARCIA HEYSSEL ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12942	JURADO RAMIREZ CITLALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12943	JIMENEZ MENDEZ EMILIANO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12944	SANCHEZ MENDEZ MARIA JAQUELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12945	GONZALEZ ALANIS RAUL ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12946	SOLANO JUAREZ ANDREA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12947	GARCIA VAZQUEZ NAOMI ALESSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12948	VALDEZ HERNANDEZ RAUL DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12949	LIRA MENDOZA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12950	ASCENCIO FRANCO DENISSE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12951	CORRAL VILLA DENISSE ARGELIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12952	GAYTAN ESTEVANE DENISSE ARIDIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12953	SOTO TRINIDAD ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12954	RUIZ HERMOSILLO RUBI ROXANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12955	HERNANDEZ ORTIZ DENISSE RUBI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12956	OLIVAS MARTINEZ ANGEL ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12957	MAGALLANES OROZCO EVELINNE JOANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12958	MARTINEZ PEINADO CINTHIA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12959	PORTILLO CARRERA DERICK ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12960	FLORES ZAPATA DEVANI MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12961	ALVAREZ RENTERIA FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12962	GARCIA BARRON TANIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12963	VALENZUELA BECERRIL ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12964	MARRUFO FRESCAS RAUL DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12965	PONCE TORRES OSCAR GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12966	GALVAN DE LA ROSA DEVANY ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
12967	ARANGO CANTERA DEVANY DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12968	FIERRO MUÑOZ ANDRES ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12969	ZAMARRON DELGADO DEVANY FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12970	ARANDA GARCIA DHANNA TAMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12971	VAZQUEZ CHAVEZ RAUL DONATO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12972	FRANCO CARRERA YOSSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12973	TALAVERA ZERMEÑO DIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12974	GONZALEZ GONZALEZ DAFNE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12975	ALCANTAR DOMINGUEZ DIANA ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12976	PARRA ARAGON DIANA AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12977	JIMENEZ NAJERA SOFIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12978	LOPEZ GARCIA SUSANA MAGDALENA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12979	PATIÑO VILLALOBOS DIANA ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12980	CAMACHO BALDERRAMA RAUL EMILIANO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12981	RAVELO MARTINEZ DIANA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12982	CHONTAL REYES BRYAN FELIPE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
12983	ROSALES CARRILLO RAUL GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12984	RUBIO JUAREZ JOSE MARIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12985	OLIVAS ZAFIRO VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12986	COTA CALERO DIANA JARED	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12987	RODRIGUEZ ROCHIN DIANA JAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12988	GONZALEZ RONQUILLO RAUL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12989	SILVA URIBE DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12990	BEJARANO BENCOMO DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12991	CISNEROS CORTEZ DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12992	HEREDIA MURILLO OSCAR EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12993	LOPEZ PORTILLO ZAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12994	RUIZESPARZA BENCOMO RAUL IGNACIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12995	AGUILAR BERZOZA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12996	AVILA MARTINEZ DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12997	GRANADOS ZAMARRON DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12998	ENCISO SANCHEZ DIANA MARCELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
12999	QUINTANA ROMERO ZAIRA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13000	SALAZAR PANIAGUA DIANA NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13001	ORTEGA MENDOZA SOFIA VERONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13002	CRUZ CHAVEZ GABRIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13003	MARQUEZ BATRES AMERICA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13004	ARTALEJO GONZALEZ DIANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13005	JACINTO MALDONADO VANESSA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13006	SANCHEZ CASTRO DIANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13007	GINER ESTRADA DIANA VALENTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13008	MARTINEZ SANTA ANNA DIANA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13009	ROJAS MANRIQUEZ RAUL ISSAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13010	ARVIZO MERAZ DIANA YARELLI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13011	GONZALEZ ENRIQUEZ RAUL RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13012	MOLINAR SOTO DIANE PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13013	VILLAGRAN BAÑUELOS DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13014	MENDEZ CORTEZ DIEGO ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13015	SANCHEZ BENAVIDES DIEGO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13016	MONTES ROSALES LESLY LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13017	PRIETO TOSCANO DIEGO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13018	MARTINEZ TOVAR VANESSA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13019	TORRES MARTINEZ ZENYACE ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13020	AGUIRRE CABALLERO DIEGO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13021	CHAVEZ NORES EDUWIGES IRAIDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13022	LUJAN BORJAS JOEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13023	HERRERA LUCERO DAISY IDALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13024	MANRIQUEZ VILLAR SANDRA ADILENE	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13025	SANCHEZ CAMPOS RAYENARI GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13026	CARRASCO JAVALERA EILEEN TAMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13027	QUINTANA HERRERA JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13028	FIERRO PORRAS DIEGO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13029	MELLENDEZ LUNA DIEGO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13030	NAJERA AVILA VALERIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13031	ESCOBEDO RUIZ CARLOS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13032	SIFUENTES REYES ROBERTO CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13033	VENZOR CHAVEZ VALERIE VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13034	GUARNEROS GARCIA DIEGO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13035	MARTINEZ HERNANDEZ DIEGO ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13036	REYES RODRIGUEZ RAYMUNDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13037	MAC DONALD AGUIRRE DIEGO ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13038	GARCIA REYES DIEGO ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13039	LUJAN ESPINOZA VANIA ESTEPHANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13040	TAFOYA SOTO LETICIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13041	CHE TENORIO VASTI ESTEPHANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13042	LAZO MARTINEZ LISA MELINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13043	BELTRAN DEL RIO MANJARREZ RAYMUNDO ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13044	ARMENDARIZ CANO CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13045	RAMOS ZAMARRON JESUS FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13046	MENDOZA RAMIREZ DIEGO HILARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13047	NIETO FELIX RODRIGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13048	HERNANDEZ CERVANTES DIEGO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13049	ESTRADA SOSA DILERY GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13050	GUTIERREZ BUSTILLOS REBECA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13051	PONCE CARRIZALES DONALDO RASHID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13052	TRIANA BERNAL REBECA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13053	MORALES HERNANDEZ RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13054	PARRA ZAGARNAGA LESLIE VERONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13055	GONZALEZ JUAREZ DIANA YAMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13056	ENRIQUEZ PEREZ DORAL ITZMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13057	GANDARA DOMINGUEZ DORI ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13058	HERRERA ARELLANO DULCE CITLALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13059	RIVERA QUIÑONEZ DENISSE GIOVANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13060	ENRIQUEZ HERNANDEZ DULCE CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13061	PRIETO ALVIDREZ REBECCA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13062	MUÑOZ MORALES DULCE ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13063	MENDOZA PIÑON OMAR DAVID	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13064	LECHUGA MONTENEGRO VANESSA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13065	MORALES FLORES TAIRI MARTIN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13066	MARES PEÑA DULCE JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13067	SAENZ MOLINA DULCE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13068	RAMIREZ FLORES DULCE MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13069	CHAVEZ SOTO DYANA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13070	ROMANOS MORA JOSE MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13071	CHAVEZ ENRIQUEZ EDDIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13072	MARTINEZ FIERRO EDDY DEIDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13073	OCHOA ROBLES EDEL ORLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13074	NUÑEZ ALVIDREZ FRIDA AYME	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13075	CARRIZALES ALMANZA YADHIRA BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13076	VALDEZ MORENO VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13077	CARRASCO VAZQUEZ JULISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13078	CORONADO HERNANDEZ EDER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13079	PROAÑO DURAN EDER ADAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13080	CARO REYES CARLOS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13081	GALDAMEZ GONZALEZ REGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13082	PORTILLO GARCIA TERESA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13083	LARRIVA SALAZAR EDGAR ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13084	VELAZQUEZ RODRIGUEZ NAOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13085	RAMIREZ DELGADO REGINA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13086	DE LA O PINEDA EDGAR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13087	MEDINA MOLINA EDGAR ARNOLDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13088	LOZANO COLOMO RENATA BEDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13089	MEJORADO CANO EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13090	HOWLET RAMOS RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13091	COPAS AVITIA RENE ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13092	HOLGUIN HERRERA RENE DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13093	GARCIA GONZALEZ LITZY DANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13094	GONZALEZ LOYA DANIA TERESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13095	GONZALEZ GUERRA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13096	DUARTE VALDIVIEZ TAMAHARA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13097	GALLEGOS CANO RUBI ABIHAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13098	CASTRO VAZQUEZ JESUS EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13099	CARMONA GOMEZ DIEGO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13100	OSUNA ASTORGA ALEXA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13101	RAMOS MANRIQUEZ EDITH ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13102	GARCIA REGINO VALERIA AYDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13103	FLORES MUÑOZ EDITH MARLEEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13104	VILLA GARCIA EDITH NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13105	JAVALERA HERNANDEZ EDITH YAMILETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13106	ROJO OROZCO MARLIN AYDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13107	CASTELLANOS LUEVANO ANA PAULA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13108	MENDEZ ESTRADA FERNANDO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13109	SANDOVAL DELGADO EDNA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13110	MENDOZA SAUCEDO EDNA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13111	MENDEZ GUTIERREZ JANETH PAULINA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13112	ONTIVEROS CHAVARRIA RENEE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13113	SALAZAR ARMENDARIZ REYNA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13114	CHAVIRA VILLEZCAS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13115	LOPEZ URIAS JHEILYN VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13116	GARCIA SOLTERO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13117	LASO HERMOSILLO EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13118	ONTIVEROS TORRES EDUARDO ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13119	PEREZ ALVARADO REYNA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13120	NEVAREZ CANO NOEXCELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13121	DE LA ROSA MARTINEZ REYNA JOSELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13122	TOVAR GONZALEZ TRISDAN ISSAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13123	ROSALES QUIÑONEZ EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13124	HARO GONZALEZ EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13125	MOLINA GONZALEZ EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13126	GALINDO QUINTANA AIME FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
13127	NUÑEZ PANDO ADAMARI	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13128	GABALDON JUAREZ VALERIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13129	MARTINEZ AVILES EDUARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13130	PEREZ LEYVA EDUARDO ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13131	CORONA SANTANA MAURO OCTAVIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13132	GOMEZ SALGADO RUBI CRISTINA	16 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13133	RAMOS GAMBOA EDUARDO ANTONIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13134	RONQUILLO DUARTE HECTOR	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13135	RODRIGUEZ GONZALEZ MELISSA YULIANA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13136	GARCIA VARELA EDUARDO EMANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13137	FLORES MOLINA HUGO ALEJANDRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13138	SANTILLAN GUTIERREZ EDUARDO HERIBERTO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13139	FLORES MARQUEZ EDUARDO IDMAR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13140	SALGADO OROZCO EDUARDO IGNACIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13141	ESTRADA MONTOYA EDWIN ADRIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
13142	GONZALEZ GARDEA REYNA PAOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13143	VALDEZ TORRES EDWIN ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13144	BALDERRAMA ALVIDREZ BRIANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13145	MARTINEZ LEGARDA EIMEE RAQUEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13146	DOMINGUEZ PAREDES EIMY SINAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13147	CALDERON GOMEZ ELDA SARAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13148	BENAVIDES CHAVEZ ELENA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13149	PADILLA ARGUELLES ELI JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13150	GUTIERREZ AGUIRRE ELIAN MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13151	FAVELA MENDOZA JOEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13152	GALICIA PAYAN TANIA ANGELICA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13153	BELTRAN GARDEA RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13154	MOLINA RAMIREZ ADAN PAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13155	DIAZ HOLGUIN VICTOR MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13156	VALLES ORTA OCTAVIO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13157	SOTO PONCE DE LEON ELIEN ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13158	MORALES MORENO EDGAR HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13159	RAMIREZ ESPARZA ELISEO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13160	DELGADO RODRIGUEZ MARIA AYDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13161	MORALES RIVAS MARTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13162	RIVERA GONZALEZ ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13163	ALTAMIRANO DELGADO KENIA YAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13164	GARCIA CERVANTES DIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13165	SAGARNAGA URIAS ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13166	MORALES MONTES ANA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13167	ITUARTE SANCHEZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13168	LOYA VALDESPINO ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13169	ZUBIATE BELTRAN MARIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13170	GARCIA ACOSTA LUIS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13171	ARMENDARIZ SANCHEZ ELIZARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13172	VARELA MILLAN ELOY SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13173	DE LOS RIOS LUNA ELSA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13174	AGUIRRE MORALES EMILIO ESAU	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13175	TERRAZAS CARRERA ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13176	DEL CASTILLO REZA ALAN IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13177	CORRAL SANCHEZ RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13178	NAJERA MARCIAL FATIMA MARGARITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13179	PEREZ ALBA EMILY ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13180	GARCIA ANDREW EMILY SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13181	AGUILAR PEREZ EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13182	PAYAN GONZALEZ KARINA LIZETH	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13183	ROMAN LECHUGA VANESSA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13184	RAMOS BOLAÑOS JUAN ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13185	GUTIERREZ ALVARADO EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13186	CARDOZA GARFIO EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13187	GARCIA RENTERIA TANIUS ALONSO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13188	BUSTILLOS ACOSTA SERGIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13189	CRUZ AGUILAR EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13190	RODARTE MARQUEZ SELENE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13191	QUEZADA BENCOMO EMMANUEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13192	VEGA CHAVIRA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13193	LOPEZ LEDEZMA MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13194	MOLINA CRUZ EMMANUEL ISAI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13195	GONZALEZ SANTOS ENRIQUE EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13196	ARCE MARQUEZ XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13197	BANDA VALVERDE ANA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13198	PALLARES FIERRO BLANCA JOSEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13199	LOPEZ YAÑEZ FERNANDA BELEM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13200	LOPEZ SALCIDO DANIA NOHEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13201	JIMENEZ ARMENTA ERICK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13202	BURCIAGA PALOMINO ERICK ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13203	LOZANO MANRIQUEZ ERICK ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13204	ARMENDARIZ RIVAS ERICK ELIECER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13205	BURCIAGA CASTILLO ERICK HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13206	MINA COBOS CESAR RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13207	ESPINOZA BALDERRAMA KIMBERLY MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13208	PALACIOS PANIAGUA NICTE NAOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13209	VARGAS FLORES JULISSA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13210	ESCAJEDA FIERRO ERICK JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13211	LUNA ALARCON ERICK RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13212	VAQUERA TORRES ERIK ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13213	CHAVARRIA NAVARRETE ERIK ESTEBAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13214	SALGADO NIETO ODALYS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13215	DOMINGUEZ . RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13216	AGUIÑAGA CABRIALES ERIKA KRISTAL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13217	SIERRA PONCE ERIKA SHECID	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13218	DE LA CRUZ PALAFOX MAYRA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13219	LOZANO FLORES GEORGINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13220	SANCHEZ ESCONTRIAS ERIKA YULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13221	TERRAZAS RODRIGUEZ ERNESTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13222	LOYA ORNELAS ANGEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13223	ACOSTA CARO GISSELE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13224	PEREZ CISNEROS MELANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13225	SAENZ DURAN ERNESTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13226	SOTELO MORALES ESBEIDY MAIDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13227	DE LOS SANTOS SOTO JAZMIN VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13228	SAENZ IBARRA RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13229	ROCHA GONZALEZ ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13230	RUEDA LUGO DIEGO ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13231	GUILLEN MARTINEZ OSMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13232	MIRANDA DOMINGUEZ ESPERANZA DEL ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13233	ARREDONDO CARDENAS RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13234	SAENZ GARDEA RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13235	NATZU GUERRERO RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13236	ESPARZA HERNANDEZ OSWALDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13237	FRANCO GARCIA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13238	PORRAS MORALES FATIMA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13239	BEJARANO RODRIGUEZ ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13240	MANTILLA LEZAMA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13241	MURILLO TEMICH ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13242	MARTINEZ RIOS RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13243	MOURE JAQUEZ ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13244	MELENDEZ SANTIAGO ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13245	ALVAREZ MARMOLEJO ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13246	QUEZADA SUAREZ ESTEFANY ARLETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13247	VALDEZ GIRON WENDY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13248	ROJAS GUTIERREZ ESTEFANY RUBY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13249	FLORES JAIME NANCY PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13250	VILLALOBOS REZA ESTRELLA YUZLIM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13251	GARDEA MARTINEZ ETHEL ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13252	RIVERA ACOSTA EUNICE SHALOOM YARIV	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13253	LERMA CORDERO RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13254	SANCHEZ MARTINEZ EVELIN ABRIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13255	MARTINEZ AMADOR LUISA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13256	GARCIA COTA PALOMA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13257	CASTILLO SAUCEDO EVELIN KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13258	RENOVA LOPEZ JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13259	PALMA TENORIO RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13260	SALAS SANCHEZ EVELIN SUGEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13261	MORENO CARRILLO EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13262	GOMEZ SERVIN JESUS ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13263	MORALES MARQUEZ EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13264	DAVILA GONZALEZ EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13265	PIÑON JURADO VICTOR OSWALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13266	FLORES CARRETE EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13267	ITUARTE NIETO LUIS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13268	TORRES OLIVAS YAMILE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13269	SALGADO TAVIZON EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13270	MORALES PEREZ RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13271	JUAREZ ONTIVEROS EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13272	PEÑA ALVARADO EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13273	LOPEZ MARMOLEJO LIDIA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13274	BORJA GONZALEZ EVELYN ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13275	REZA GONZALEZ EVELYN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13276	ALONSO SOTO BRUNO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13277	GALINDO MEDINA EVELYN HAYDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13278	URQUIDI PALACIOS EVELYN ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13279	MADRID GRIMALDO GRECIA MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13280	MORENO MERCADO BRIGITTE YATZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13281	ESTRADA VICTORIO PABLO SAID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13282	FLORES DIAZ GUSTAVO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13283	AGUIRRE LOERA RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13284	MENDOZA PRIETO ANGELA KENNYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13285	ROBLES MURGA EVELYN MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13286	AVENDAÑO PEREZ EVELYN PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13287	IÑIGUEZ MARQUEZ SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13288	AGUILERA LOYA CYNTHIA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13289	CAMACHO CALLEROS EVELYN ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13290	SAENZ CHACON RICARDO ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13291	SILVA AGUIRRE EVELYN VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13292	DIAZ SILVA EVELYN YATZARI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13293	QUIÑONES ZAPATA SARA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13294	BARCELO REYNA RAUL	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13295	MENDEZ GARCIA EZLY DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13296	ACOSTA ANAYA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13297	RINCON JALOMA VEYDA DARLENNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13298	DOMINGUEZ NUÑEZ GILBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13299	ORTEGA NUÑEZ VERONICA SUSANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13300	LERMA SANDOVAL CINTHIA DANNELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13301	LOYA MAR FABIAN OSVALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13302	GARCES GUTIERREZ LAURA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13303	SALAI FRANCO FABIOLA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13304	PORTILLO VALDEZ FABIOLA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13305	VALVERDE HERNANDEZ FANNY EUNICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13306	LUEVANO CELESTIN RICARDO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13307	QUINTANA SANDOVAL FATIMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13308	LOZANO RODRIGUEZ JENNIFER	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13309	BOTELLO QUIROZ MILDRE ALISON	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13310	CARDENAS SAKODA RICARDO ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13311	CHALACA PAYAN FATIMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13312	NEVAREZ CONTRERAS RICARDO ELISEO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13313	CARREON RODARTE FATIMA DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13314	VAZQUEZ HERNANDEZ FATIMA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13315	DOMINGUEZ CARREON RICARDO HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13316	RAMIREZ MILLAN MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13317	CABALLERO ORDAZ JUAN ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13318	SANCHEZ RIVAS AYLIN VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13319	GUZMAN PEREYRA RICARDO ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13320	HERNANDEZ FELIX FATIMA SHERLYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13321	MOYA ESTRADA RICARDO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13322	ROMANO PIZARRO GRETTELL SAMANTHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13323	RODRIGUEZ HERNANDEZ FATIMA YAMILE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13324	REYES DELGADO GABRIELA BELEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13325	MORALES GARCIA JOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13326	FLORES RUIZ FRANCISCO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13327	ENRIQUEZ RUBIO FEDERICO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13328	SANCHEZ SAENZ KEVIN ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13329	CUELLAR SEGOVIA DANIEL IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13330	ACOSTA CORTES FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13331	QUIÑONEZ VALOIS FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13332	MORALES HINOJOS FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13333	VIVAR LEDEZMA DANNA COSETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13334	MEDINA GONZALEZ FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13335	GARCIA JUAREZ RENE ARNOLDO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13336	NEVAREZ JUAREZ VALERIA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13337	PARRA SOLIS HISSELLE RENATA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13338	ESTRADA HERMOSILLO FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13339	ALVAREZ AGUIRRE FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13340	AVILA CERVANTES FERNANDA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13341	MUÑOZ PEÑA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13342	GAMIZ MELENDEZ FERNANDA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13343	GONZALEZ GALLEGOS FERNANDA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13344	RUIZ JUAREZ FERNANDA JAYREM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13345	SANCHEZ ESPINO MELANIE VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13346	OCHOA VALENCIA JESSICA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13347	PEDROZA FERNANDEZ ANETTE PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13348	LOPEZ DOMINGUEZ MARINA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13349	SALDIVAR CADENA KARLA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13350	LOPEZ NAVARRO FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13351	GUTIERREZ VILLALOBOS RICARDO PAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13352	CALDERON MARTINEZ VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13353	IRUEGAS DOMINGUEZ FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13354	GUZMAN DOMINGUEZ RICARDO SAHI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13355	AGUILERA GONZALEZ FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13356	GARCIA ARMENDARIZ RICKY EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13357	GARCIA RODRIGUEZ FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13358	LUEVANO SAUCEDO DANA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13359	LEGARDA DIAZ LUIS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13360	ORDOÑEZ AVALOS XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13361	GARCIA MARIN BRIDNEIDA ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13362	LUNA MUÑOZ ERIKA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13363	DOMINGUEZ DEL VALLE VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13364	MIRAMONTES MORALES FILIBERTO ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13365	LEGARDA DIAZ LUIS DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13366	CURIEL ALVARADO ANGIE ARGENTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13367	CASTILLO MUÑOZ FIORELA ARIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13368	AGUILAR MARCIAL ERIC ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13369	MARTINEZ ORTIZ ANDRE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13370	MARTINEZ FIGUEROA FLOR AIDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA		
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13371	PARRA GONZALEZ IVAN FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13372	HOLGUIN ALVARADO DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13373	ZAMBRANO URBINA NAZARETH FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13374	GALICIA HERNANDEZ ANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13375	PRIETO GONZALEZ ANETTE YANITZI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13376	ACOSTA OCHOA CARLOS EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13377	MEDINA UGARTE CLAUDIA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13378	SAENZ RASCON FLOR ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13379	ENRIQUEZ VARELAS FRANCISCA RAQUEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13380	HOLGUIN ALVARADO ILEANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13381	SOLIS GURROLA JAVIER ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13382	SERRANO PIZARRO OSCAR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13383	SANTELLANO LOPEZ DIANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13384	REYNA ZUÑIGA CYNTHIA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13385	PANDO CONDE FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13386	BACA SOTO PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13387	LESPRON PIÑON JORGE ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13388	RUEDA CARRERA FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13389	VALLES HERNANDEZ ANA DALAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13390	GUZMAN ORTIZ NATALIA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13391	MOLINA NAVARRO FRANCISCO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13392	LOYA OSTOS DANNA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13393	RASCON VILLEZCAS HECTOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13394	MORENO MURUATO CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13395	BATISTA REMIGIO JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13396	MARTINEZ GARIBAY VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13397	PEREZ LOZANO FRANCISCO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13398	BECERRA GALLEGOS ARISAI MARGARITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13399	MARTINEZ ORTEGA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13400	AGUILAR LARA FRANCISCO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13401	BAQUERA SAENZ VASTI NOEMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13402	MELENDEZ NATIVIDAD FRANCISCO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13403	BERROTERAN HERRERA VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13404	ZAMARRON PORTILLO JESUS ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13405	DIAZ MARQUEZ FRANCISCO JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13406	DOMINGUEZ SAUCEDO FRANCISCO JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13407	OLIVAS MARQUEZ FRANCISCO URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13408	JAUQUEZ LUJAN VELIA ESPERANZA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13409	MARTINEZ MARRUFO RIKARDO ELYAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13410	LICON PORTILLO FRIDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13411	HOLGUIN MORENO FRIDA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13412	ROSAS BURBOA FRIDA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13413	CORDERO ALANIZ FRIDA PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13414	RUIZ PEÑA GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13415	RIVERA RAMIREZ GABRIEL EFRAIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13416	MOLINAR MANCHA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13417	ESPINO VALENZUELA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13418	PEREZ VELAZQUEZ RITA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13419	DOMINGUEZ RAMIREZ RIVALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13420	GARFIO PRIETO PERLA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13421	LERMA LUEVANO BRYAN OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13422	GARCIA MENDEZ GABRIELA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13423	AYALA PEREZ FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13424	VILLASEÑOR RIVERA CECILIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13425	RIOS ARMENDARIZ XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13426	MONTOYA VALLES JESUS RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13427	PEÑA TELLO GABRIELA JANNIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13428	LAGUNAS NUÑEZ VERONICA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13429	LOZANO BENCOMO GABRIELA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13430	LOPEZ CHAVEZ GABRIELA STEPHANIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13431	MENESES RAMIREZ KIMBERLY PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13432	RUIZ MADRID ANGEL ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13433	AGUILERA OLIVAS ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13434	CARMONA CABALLERO GAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13435	ROJERO TORRES GALIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13436	VILLALOBOS BONILLA ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13437	LOPEZ LIRA GEMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13438	MUÑOZ ARMENDARIZ JESUS SAID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13439	HERNANDEZ CORDERO ROBERTO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13440	SILVEYRA ROBLES DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13441	RUIZ LUNA GEMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13442	HERNANDEZ MOLINA ROBERTO ZAJIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13443	DE LA CRUZ ALDERETE GEMA ARLETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13444	RODRIGUEZ GONZALEZ DENISSE ANDREA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13445	AGUIRRE SIQUEIROS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13446	DE LA ROSA ESQUIVEL ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13447	MACIAS RUIZ JAVIER EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13448	MONTES QUIÑONEZ GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13449	PAREDES PEREZ KAREN ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13450	ZAPATA CHACON GEORGINA AIDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13451	TELLEZ ESPARZA ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13452	GONZALEZ JAQUEZ GEORGINA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13453	MEDRANO AVILA MICHELLE ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13454	PINEDA ULLOA VIANEY ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13455	GONZALEZ RODRIGUEZ GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13456	ZAMARRON CARRASCO PALOMA ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13457	OROPEZA RODRIGUEZ SHEILA GUADALUPE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13458	ESCARCEGA GONZALEZ GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13459	SOTELO DELGADO GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13460	SALCIDO RENTERIA GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13461	ARREDONDO FRANCO ROCIO ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13462	FELIX MARTINEZ REBECA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13463	ONTIVEROS BUSTILLOS ROCIO BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13464	CANDIA MARTINEZ FRANCISCO JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13465	MARTINEZ NATIVIDAD GERARDO ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13466	VILLEGAS PIÑON NAOMI VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13467	CASTAÑEDA BAEZA LUIS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13468	RIVAS GRADO ROSA VIOLETA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13469	CORRAL MENDOZA GERARDO ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13470	SANJURJO AGUILERA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13471	VALVERDE GANDARILLA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13472	GARCIA LOYA KIMBERLY STEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13473	SALINAS YAÑEZ VIANEY NICOLE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13474	NUÑEZ MUÑOZ LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13475	PACHECO HERNANDEZ CARLOS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13476	PEREZ GARCIA ROCIO PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13477	ROMANO MORALES GERARDO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13478	SAENZ CHAVEZ ARIANA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13479	MARTINEZ ESPARZA EVELIN YAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13480	ESCOBAR PORTILLO MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13481	ESCANDON PEREZ GIBRAN JACOBO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13482	DOMINGUEZ AVILES GILBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13483	LLAMAS LOYA JAVIER RODOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13484	HERNANDEZ VILLALOBOS RODOLFO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13485	MEDINA CHAVEZ RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13486	ORTIZ CARO GIOANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13487	RUIZ DE LA PEÑA MARTINEZ RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13488	PEREZ DIAZ DAPHNE VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13489	CHAPARRO . VANESSA ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13490	GOMEZ MARTHA ARI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13491	GONZALEZ LOZOYA VIANEY ESTELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13492	SOTO RODELAS GIOVANNI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13493	CARNERO LECHUGA RODRIGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13494	BORREGO PERAZA CRISTINA FABIOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13495	SOLIS BALDERRAMA EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13496	ZAMORA GUZMAN RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13497	RAMIREZ MARIN GISEL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13498	NUÑEZ RIVERA GUSTAVO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13499	CARDENAS MARIN ODALIS ADRIANA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13500	LOPEZ HERNANDEZ ANGELA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13501	MOREIRA HERNANDEZ KAREN YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13502	MEDINA GOMEZ GLADIZ YAMEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13503	AGUIRRE PEREZ EMILIA GUADALAUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13504	GUZMAN HINOJOS NOEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13505	AVITIA GOMEZ RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13506	ARZOLA ROMERO RODRIGO ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13507	MARRUFO HERNANDEZ VIANNEY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13508	FLORES CHAPARRO GLORIA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13509	SOTO REYES GLORIA STEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13510	PEREZ CANO CESAR MIGUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13511	GALICIA MARTINEZ GRACIELA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13512	SORIANO SOSA GRECIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13513	ANCHONDO CHACON INDRA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13514	CHAVEZ TARIN GRECIA ALESSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13515	LEON FRANCO GRECIA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13516	TORRES RAMIREZ JAREDT ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13517	VALDEZ COVARRUBIAS RODRIGO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13518	MINGURA CHAVEZ CESAR ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13519	TORRES MARQUEZ JOCELYN BETSABE	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13520	CONTRERAS AYALA GRISEL FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13521	VALIENTE CERVANTES ABRIL DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13522	BRIONES BOJORQUEZ NADIA KARMINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13523	GALLEGOS GAMEZ GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13524	HOLGUIN HERNANDEZ GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13525	MOYA LEOS GUERRERO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13526	VALDEZ CORDERO CARLOS ANIBAL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13527	OLIVAS VALENZUELA GUILLERMO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13528	CASTAÑEDA BAZALDUA ENRIQUE EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13529	SANCHEZ VEGA KEVIN ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13530	SOTO GAYTAN ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13531	PEÑALVER HINOJOS MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13532	LOPEZ ORTEGA DIEGO ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13533	FLORES MENDEZ ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13534	DUARTE INSURRIAGA GUILLERMO HIRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
13535	LLANES BAILON VIANNEY	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13536	LOPEZ DE LA ROSA GUSTAVO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13537	LOPEZ RODRIGUEZ CRISTINA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13538	TREVIZO ALVIDREZ ABELINE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13539	MURGUIA PALLARES ANDRES GUSTAVO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13540	VILLEGAS RAMIREZ AURELIA FIDELINA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13541	ANAYA MONTAÑEZ HECTOR JAVIER	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13542	RODRIGUEZ MADRID CINTHIA LISBETH	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13543	VILLA TORRES GUSTAVO TADEO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13544	ASUNSOLO GAMEZ VICTORIA	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13545	HERNANDEZ MUÑIZ IRVING JAREDH	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13546	ESCALANTE LUGO GUSTAVO VICENTE	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13547	SANCHEZ CASTILLO HADA DANIELA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13548	RASCON LOPEZ RODRIGO ALEJANDRO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13549	SALGADO DUEÑAS HAFID MAURICIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13550	RUBIO LUCERO HEYDI MARELY	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
13551	DELGADO VIZCARRA IRIS VANESA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13552	TORRES PEREGRINO TANIA ISELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13553	IBARRA TREJO ULISES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13554	RAMOS PEÑA HANNIA NAYDELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13555	ESPINOZA VIRAMONTES HANS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13556	FRANCO SOTO HANSSEL DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13557	ARROYO CHONG DARIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13558	LOZANO REYNOVA HAYDEE SUŞANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13559	NUÑEZ SANDOVAL VIANNEY ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13560	MARTINEZ SAENZ ALEC GIOVANI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13561	GRANADOS MALDONADO ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13562	ZUBIA ESCARCEGA ROGELIO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13563	VERDUGO CONTRERAS JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13564	CHAVEZ MARTINEZ HAZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13565	HERNANDEZ IRIBARREN HAZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13566	LOYA TERRAZAS ROGELIO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13567	ESPINO TORRES DENITSEY YARELI	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13568	CAMPOS ARROYO TANIA IVETTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13569	GARCIA BARRAZA NAYELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13570	PIZARRO CEBALLOS HAZEL JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13571	ORONA JACQUEZ HEBER GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13572	OZAETA SAENZ HEBER YAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13573	LUNA RODRIGUEZ TATIANA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13574	VITOLAS DOMINGUEZ MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13575	VILLALOBOS ACOSTA HECTOR ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13576	GOMEZ PACHECO HECTOR FABIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13577	MARTINEZ REGALADO DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13578	RENTERIA PALACIOS BLADIMIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13579	VALENZUELA GUTIERREZ ROLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13580	ZUBIATE VALOIS VIANNEY ARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13581	GUZMAN RAMIREZ JENNIFER DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13582	MARTINEZ DE LA O HECTOR HOMERO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13583	DIAZ ROBLES SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13584	SOTO PRIETO HECTOR HUGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13585	CHAVARRIA DELGADO VIANNEY VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13586	ANTILLON LUJAN SERGIO ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13587	LEON PEREZ LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13588	VELO FIGUEROA YUDITH FRANCISCA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13589	VEGA CALDERON VIANNEY ANABELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13590	JIMENEZ LERMA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13591	SILVA SOTO ITZEL GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13592	DIAZ CRUZ KAREN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13593	ESTRADA RIOS VICTOR ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13594	ROCHIN CAMPOS HECTOR SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13595	ALVAREZ JIMENEZ VALERIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13596	SOTO URIBE NOELIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13597	CHAVIRA RODELO ROMA IDALHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13598	RUBIO MATA AYLIN DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13599	HERNANDEZ CARRAZCO HEIDY PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13600	POLANCO MERAZ HEISOL AYLIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13601	RODRIGUEZ GONZALEZ JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13602	GONZALEZ TORRES HELIER JOHAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13603	ZERMEÑO ANCHONDO HILDA YOLANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13604	CASTRO PAVON VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13605	CRUZ RODRIGUEZ NITZAYANA AVIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13606	MALDONADO SERNA JESUS ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13607	ANZURES CARMONA ROMAN ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13608	PRIETO VENCES ROSA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13609	RASCON ESTRADA ABISAI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13610	DELGADILLO CARRILLO ULISES ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13611	DOMINGUEZ GUERRA CRISTIAN ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13612	VEGA GUTIERREZ HIRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13613	RODRIGUEZ GARCIA ROSA ERIKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13614	GARCIA RODRIGUEZ HITZEL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13615	CHAPARRO MARTINEZ HUGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13616	MENDOZA PONCE HUGO ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13617	ARIZMENDI SERRANIA ERIKA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13618	VENEGAS GAMEZ VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13619	MACIAS ONTIVEROS YAMILETH GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13620	LOPEZ FLOTTE HUGO ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13621	ALARCON GARFIO VICTOR ADRIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13622	MORA FRANCO KEVIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13623	MARTINEZ RODRIGUEZ JESUS JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13624	RAMOS CHAPARRO HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13625	MOTA MARQUEZ HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13626	BACA CEDILLO KARELLY ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13627	SIERRA RODRIGUEZ ILLED VENECIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13628	PRIETO APONTE ILSE ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13629	OLIVAS POSADA JAZMIN ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13630	MORA CHAVEZ ROMAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13631	HELO SANCHEZ MANUEL RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13632	RODRIGUEZ FLORES VICTORIA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13633	ESPINOZA MORALES HECTOR LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13634	VELAZQUEZ BELTRAN ILSE DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13635	RODRIGUEZ MATA ILSE LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13636	AGUILERA CASTRO ILSE MAYELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13637	GARCIA VENEGAS YESSICA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13638	MAYA CABRAL ROSA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13639	DELGADO MUÑOZ MANUEL ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13640	SERMEÑO VELETA ILSE XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13641	RAMIREZ VILLEGAS ILZE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13642	DOMINGUEZ MORALES JENNIFER EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13643	ESTRADA TORRES HAZEL VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13644	CASTRO CHAVEZ IMANOL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13645	FERNANDEZ PADILLA ROSA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13646	ESTRADA SAENZ CESAR AGUSTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13647	HOLGUIN MONTES ROSA ISELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13648	GONZALEZ HOLGUIN INAARA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13649	NEGRETE GARCIA ANNA STEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13650	LOYA AGUIÑAGA VICTORIA EUGENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13651	ZUBIA CARO MIGUEL SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13652	RUPIT CHAVIRA INDRA ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13653	RODRIGUEZ TORRES UZZIEL ADOLFO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13654	CALIXTO RICO INES ARELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13655	GARCIA VARGAS ROSA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13656	ESPINOZA SAENZ INGRID DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13657	ESPINOZA JIMENEZ INGRID NINEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13658	FIERRO CANDIA VICTORIA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13659	GUTIERREZ MARTINEZ INGRID PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13660	CARDENAS VALENZUELA IO MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13661	VALENZUELA FERNANDEZ ROSA LINDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13662	ROMERO DOMINGUEZ VICTOR DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13663	GARCIA ROCHA IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13664	DOMINGUEZ CALZADILLAS VICTOR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13665	MANCINAS MORENO ROSA YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13666	ESPINOZA CORDOVA JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13667	ORTEGA SILVA IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13668	NEVAREZ PEREA IRAY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13669	VALENZUELA ORTIZ XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13670	MUÑOZ HERNANDEZ VICTORIA KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13671	MARIN MUÑOZ ROSALINDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13672	BRITO CARRERA MARELY YANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13673	MENDOZA FRIAS IRIS ABRIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13674	MARTINEZ ARIAS AMERICA MARLEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13675	RAMOS HERNANDEZ FANNY JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13676	MUÑOZ VOTTA KAREN ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13677	ELIZONDO ALMANZA TANIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13678	BUSTILLOS . DYLAN MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13679	ZUÑIGA CARRILLO LESLIE MAGALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13680	RASCON VAZQUEZ IRIS DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13681	GONZALEZ PEREZ IRIS JOSELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13682	SOTO LOYA LUIS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13683	ITUARTE RUIZ IRIS VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13684	ALVIDREZ RAMIREZ IRVIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13685	CHAVEZ JIMENEZ MARTIN ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13686	HERNANDEZ CALVO IRVIN ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13687	MALDONADO OROZCO IRVING	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13688	DOMINGUEZ PEÑA ERICK GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13689	ORTEGA DELGADO IRVING	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13690	VALDEZ HERRERA SAHRA MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13691	COVARRUBIAS AGUAYO IRVING ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13692	FELIX MOLINA EDWIN FABIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13693	RODRIGUEZ CEBALLOS IRVING EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13694	ANDAZOLA MACHUCA JESSICA DENNIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13695	AGUIRRE IBARRA GISELL GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13696	TARANGO LOPEZ ALAN RICARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13697	SANCHEZ HERRERA IRVING JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13698	ACOSTA MERJIL ALONDRA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13699	CARREON OGAZ KATIA MARVELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13700	LOPEZ VALDIVIEZO ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13701	ONTIVEROS VALENZUELA AMALIA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13702	ORTIZ REDE AZUCENA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13703	SOLIS DELGADO ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13704	VILLALBA PEÑA RUBY LIZBETH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13705	PEREA RASCON ROSALINDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13706	MATU ZUBIA MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13707	SALAZAR MENDOZA GERARDO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13708	ALCANTAR MORALES LUIS GUSTAVO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13709	MUÑOZ BELTRAN ROSARIO XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13710	VALVERDE MARTINEZ ISAAC ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13711	MORENO AVILA XAVIER ISAID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13712	LEMUS RAMIREZ DAVID ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13713	GARCIA BONILLA ROXANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13714	DOMINGUEZ CORDERO JOHAN RUBEN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13715	ZAZUETA TORRES ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13716	HERNANDEZ PARRA ISABEL ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13717	RUIZ LOPEZ ISABEL CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13718	GONZALEZ LOPEZ CLAUDIA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13719	SOLIS JAQUEZ NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13720	CHAVEZ QUIROZ CARLOS IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13721	OLIVAS CADENA ISIS ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13722	SOLIS MONREAL ISIS ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13723	CHAVIRA CARREÑO ROXANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13724	GONZALEZ RODRIGUEZ ROXANA MARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13725	SIGALA BEJAR OLIVER YHAID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13726	HERNANDEZ CHARIS JESUS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13727	RODRIGUEZ RENDON VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13728	GUZMAN CONTRERAS LITZY PALOMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13729	CHACON ESPINO MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13730	TAMEZ VALLES ISMAEL MIZAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13731	QUEZADA RAMOS VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13732	VALLES CASILLAS CITLALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13733	CADENA GAMEZ ISRAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13734	VILLEGAS RODRIGUEZ ROXANA YADIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13735	CORONADO ZANABRIA EDGAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13736	MOJICA . ITSVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13737	COVARRUBIAS LARGUERO ITATI PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13738	GALLEGOS GUILLEN ISAAC DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13739	GUERRA PEÑA ITXHEL FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13740	RUIZ PONCE DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13741	GONZALEZ VAZQUEZ ITZAMAR	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13742	CORTEZ HOLGUIN ROY ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13743	PEÑA MIRANDA JIMENA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13744	GOMEZ TREJO ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13745	MENA RUIZ JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13746	CARRILLO VAZQUEZ ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13747	SANCHEZ MORENO ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13748	LEGARDA CARRASCO ITZEL FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13749	ESPARZA GARCIA ITZEL GALILEA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13750	FONTES ORTEGA RUBEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13751	HERNANDEZ RAMIREZ VICTOR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13752	MUÑOZ JAIME RAFAEL FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13753	SILVA CHACON ITZEL NAOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13754	GANDARA AGUIRRE MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13755	DOMINGUEZ CHAVEZ RUBEN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13756	ALVAREZ FLORES ITZEL VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13757	RAMIREZ SALAZAR FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13758	GUTIERREZ ALMANZA VICTOR EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13759	BOLAÑOS TORRES JORGE HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13760	LOPEZ BONILLA ITZEL YAHAIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13761	ESTRADA BELTRAN DENISSE ARLETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13762	ACOSTA MUÑOZ RUBEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13763	CHAVEZ RODRIGUEZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13764	BRIONES SOTO JESUS RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13765	MARTHA CHAVEZ ITZEL YARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13766	RUIZ MARTINEZ RUBEN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13767	PORTILLO CORRAL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13768	RIVERA MUÑOZ JESUS NOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13769	AYALA CEBALLOS KENIA MARLENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13770	BAQUERA NAVA IVAN GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13771	QUIROZ MARQUEZ VICTOR ADOLFO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13772	NAVAR MENDEZ IVAN LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13773	CHACON JUAREZ MARCIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13774	FRIAS BERNAL ANNA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13775	GUEVARA HERNANDEZ CINTHYA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13776	SANCHEZ ESPARZA IVAN ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13777	ANDAZOLA HERNANDEZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13778	OLIVAS PEREZ VICTOR FABIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13779	VILLEGAS MARTINEZ RAQUEL ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13780	MUÑOZ DOMINGUEZ IVAN ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13781	GONZALEZ CHAVEZ RUBEN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13782	ACOSTA LOERA BRIAN JAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13783	LOZANO ALDERETE JOSE MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13784	CHAVEZ RAMIREZ IVANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13785	QUIÑONES ACOSTA IVANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13786	OLVEDA MOLINA IVONNE NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13787	HERRERA SALAS VALERIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13788	MENDEZ MEDINA IYARIT CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13789	ALONSO BENITEZ ANA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13790	GONZALEZ PIZARRO RUBEN ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13791	VILCHIS HERRERIA IZA GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13792	SEPULVEDA GONZALEZ JABNEEL PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13793	ANDUJO ZAPATA JAHIR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13794	PEREZ FRANCO MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13795	LUJAN MARQUEZ CESAR OSBALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13796	RODELA CAZARES ANGEL ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13797	LUJAN CERA RUBEN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13798	ESTRADA MARTINEZ RUBEN EMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13799	FERNANDEZ RUIZ YESENIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13800	JAEN RAMIREZ JAHIRA YADIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13801	RENTERIA MAYA ARLENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13802	CHAVEZ CHACON JAHIRO FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13803	TLATELPA CHAVEZ JOSE MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13804	CORRAL ORTIZ JAHZEEL BETSAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13805	ARMENDARIZ SALINAS PAULINA ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13806	MENDOZA FRANCO JAIME	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13807	AGUILAR PARRA VICTOR HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13808	DOMINGUEZ ACOSTA FELIX ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13809	CHAVEZ CHAVARRIA JAIME ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13810	FLORES CHAVEZ JAIME ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13811	DE LA CRUZ MARTINEZ CESAR OSVALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13812	FLORES CARLO JAIME NICOLAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13813	VEGA BALDENEGRO RUBEN JORGE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13814	DOMINGUEZ GUTIERREZ LUIS RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13815	ANAYA MACIAS DAMARIS ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13816	VILLANUEVA GONZALEZ RUBEN RENE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13817	ALMANZA MORALES BRENDA ISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13818	SALAZAR GARCIA DIEGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13819	VAZQUEZ ALMANZA ALEXA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13820	GAMEZ RAMOS KENYA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13821	GAYTAN ESPINDOLA JAIR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13822	VILLANUEVA DE LA ROCHA JAIR ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13823	HERRERA NEVAREZ JAIRO RAMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13824	DOMINGUEZ CALDERON VICTOR ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13825	SIERRA SOSA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13826	GARCIA ROMERO JAISON ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13827	ATHIE AREVALO JALIL ANDRE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13828	ORTEGA RODRIGUEZ ANDREA LYSETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13829	ORTEGA MARTINEZ HORACIO ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
13830	BENCOMO MAC DONALD JANETH ANTONIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13831	VALLES OCHOA MARIAN GISEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13832	HERNANDEZ CHAVEZ JOSE HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13833	ESCARCEGA GARCIA VICTOR ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13834	BARAY HERNANDEZ ALIZ ANETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13835	ANILES CISNEROS RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13836	RIVERA SALGADO RUBI ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13837	CHAIRES RODRIGUEZ MARCOS FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13838	ALVARADO LUNA JANETH FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13839	CORDOVA PONCE JANETH MICHELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13840	CHAVIRA SAENZ JANETH VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13841	ANDAZOLA CERA RUBI ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13842	DELGADO . SAMANTHA NOEMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13843	REZA RAMOS VICTOR MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13844	ENRIQUEZ AMAYA RUBI ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13845	MURILLO ZARAGOZA JANETTE ASTRID	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13846	VALENZUELA SANCHEZ EIBETT NAHOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13847	RODRIGUEZ CUEVAS ANGEL LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13848	VEGA BALDERRAMA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13849	SALDAÑA OLIVAS JANIK ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13850	BELTRAN GARCIA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13851	RIOS MEJORADO EVELYN YAMILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13852	RASCON GOMEZ JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13853	RODRIGUEZ HINOJOSA JAQUELINE ARIANNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13854	ROCHA DICK MARIA AYLEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13855	TORRES AMPARAN RUBY ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13856	BENAVIDES ORTEGA JAQUELINE GRIZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13857	BUSTAMANTE FELIX ARIS DELCY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13858	RAMIREZ GARCIA RUBY CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13859	MORENO ZUBIATE JARED VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13860	OCHOA CASTILLO JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13861	CASTAÑEDA GARCIA JAVIER ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13862	CHAVEZ CHAVARRIA JAVIER ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13863	ALVIDREZ VELAZCO JAVIER ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13864	DE SANTIAGO GONZALEZ DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13865	HERNANDEZ PRIETO JAVIER ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13866	ENRIQUEZ CORRAL JOSE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13867	HUERTA GONZALEZ GRECIA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13868	PEREDA RODRIGUEZ LESLIE ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13869	BERMUDEZ OROZCO JAVIER EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13870	ALCANTAR ZUBIA JAVIER EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13871	DE LA ROSA SOSA RUTH CLARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13872	CASTRO PORTILLO CARLOS IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13873	BACA ARIAS MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13874	OLIVAS RUIZ ALINE AXINIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13875	HERNANDEZ JAQUEZ VANESSA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13876	GARCIA DE SANTIAGO JAVIER IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13877	MORENO PALMA GRECIA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13878	FRIAS RODRIGUEZ JAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13879	GARCIA BARRENO ANA LUZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13880	RAMIREZ ALVAREZ VICTORIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13881	SAENZ ESPINO JAZMIN GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13882	COMUNIDAD ROJO MONTSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13883	CHAPARRO GUEVARA NABIL JARECK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13884	DOMINGUEZ ESPINOZA ALONDRA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13885	PAYAN RIVERA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13886	CASTRO BRAVO RUTH ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13887	DUARTE AGUIRRE JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13888	VALENTIN YAÑEZ JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13889	TARANGO MIRANDA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13890	HERNANDEZ COBOS JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13891	PIZANO LOPEZ JENNIFER FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13892	MOLINA CARDENAS EMILY DENNISE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13893	OJEDA GARCIA RUTH ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13894	LUEVANO OROZCO JENNIFER JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13895	NAVARRETE VALLES JESSICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13896	ACOSTA BUJANDA ISRAEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13897	BACA . JESSICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13898	LUGO ARROYO LAIZA MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13899	MARTINEZ MORENO DIEGO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13900	PEÑA PARRA LUIS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13901	SAENZ CABRALES VICTOR HUGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13902	ANCHONDO ORTIZ MARCOS ESTEBAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13903	QUINTERO GARCIA RUTH JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13904	ESCOBAR DELGADO RUTH VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13905	LUGO BAJO ANGEL JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13906	FIERRO CAMPOS RUY JACOB	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13907	CORPUS LOPEZ AMYE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13908	CASTRO MARTINEZ JESSICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13909	MORE ARMENDARIZ SAAMARA RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13910	OLIVARES FONSECA DANIEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13911	SANDOVAL FLORES RICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13912	RONQUILLO CASTILLO SABRINA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13913	AVILA RIVERA JESSICA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13914	CALDERON CABALLERO SADER AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13915	MEDINA CAMACHO SAHIRA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13916	CEBALLOS BUENROSTRO BRANDON HAZIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13917	VIZCARRA CHAVEZ JESSICA AMAIRANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13918	MARTINEZ ENRIQUEZ JESSICA DAHEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13919	GONZALEZ ACOSTA ARACELY ALICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13920	ESCOBEDO LOPEZ EDGAR JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13921	RODRIGUEZ GRIJALVA JESSICA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13922	PACHECO JIMENEZ SAID AGUSTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13923	FERNANDEZ ACOSTA ANDREA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13924	BELTRAN GAMBOA JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13925	ARAUJO CARDENAS ANDREA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13926	SALVATIERRA DE PAZ JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13927	MORALES LOPEZ JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13928	GONZALEZ GONZALEZ YULIANNA ADALLY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13929	DE LA ROSA URQUIJO VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13930	HERNANDEZ SALINAS JESUS AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13931	ALDERETE TERRAZAS MARIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13932	ROSALES SALAS JESUS AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13933	ARMENDARIZ SANTIESTEBAN ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13934	SILVA RIVERA JESUS ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13935	GRAJEDA JUAREZ JESUS ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13936	PEREZ MARTINEZ JAYR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13937	JIMENEZ HERNANDEZ JESUS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13938	LOPEZ MARMOLEJO JESUS ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13939	NUÑEZ PORTILLO JESUS ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13940	RODRIGUEZ CASTELLANOS SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13941	FLORES TORRES DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13942	RUIZ HERNANDEZ VICTOR HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13943	AGUIRRE ARGUELLO LIZETH JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13944	OCHOA BAEZ SAIDY YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13945	DOMINGUEZ CERRILLO ALESSANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13946	SALAYANDIA ANDRADE GABINO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13947	IBARRA BONILLA DAIREN CRISTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13948	RUVALCABA OGAZ JESUS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13949	ANAYA SANCHEZ JESUS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13950	MALDONADO GARCIA VICTORIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13951	BACA ASUNSOLO ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13952	PONCE TORRES JESUS ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13953	MACIAS VALLECILLO CLAUDIA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13954	RAMIREZ NAJERA SAIRA GISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13955	PEREZ GUTIERREZ JESUS ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13956	PONCE DE LEON GASTELUM ADRIANA ODALYS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13957	CADENA VILLALOBOS JESUS ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13958	RAMOS MORALES VICTOR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13959	JAQUEZ MEDRANO NINFA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13960	MORALES RAMIREZ IRVIN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13961	NAVA COLMENERO JESUS ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13962	ESTRADA OLVEDA SALHMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13963	GARCIA RAMIREZ JESUS AXEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13964	MERAZ QUIÑONES SALMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13965	TALAVERA GAMBOA AXEL OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13966	HERNANDEZ GANDARA ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13967	LUGO OCHOA JESUS BENITO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13968	RANGEL HERNANDEZ ALEXA POLETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13969	SALCIDO CARRILLO MARTHA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13970	CORRAL HERNANDEZ SALMA ATLAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13971	LOPEZ LOZANO JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13972	CASTILLO SANCHEZ JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13973	MONTES CALVILLO JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13974	VELOZ VELASQUEZ JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13975	HERNANDEZ VASQUEZ DENISSE NOELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13976	GUERRA MONGE JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13977	GARCIA RODRIGUEZ JESUS EDUVIGES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13978	PIÑA DELGADO SALMA ILEANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13979	GALLEGOS SOTO PEDRO JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13980	ANCHONDO BERNAL SALMA LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13981	SOLORIO ESTRADA FERNANDO ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13982	SALAZAR RUBIO JUSTIN GIOVANNY	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13983	GARCIA RUELAS MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13984	BURGOS MEDRANO JESUS EMIGDIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13985	RODRIGUEZ ESCANDON ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13986	BARRAZA LECHUGA JESUS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13987	RUBIO TERRAZAS HECTOR HANNIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13988	VELAZQUEZ RAMIREZ RUTH ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
13989	GONZALEZ OROZCO AZUL ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13990	RIOS ACOSTA XIMENA ABRIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13991	REYES SALAZAR JESUS GUSTAVO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13992	RAMOS TORRES ARIANA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13993	OLVERA MORALES JESUS JAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13994	HERNANDEZ RAMIREZ SALMA NATASHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13995	MARQUEZ DIAZ VICTOR IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13996	HERNANDEZ HERRERA JOHAN SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13997	GONZALEZ REYES DANIEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13998	MARQUEZ SAENZ JESUS JOAQUIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
13999	CALDERON FLORES SALMA RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14000	GUTIERREZ VEGA PERLA LETICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14001	MUÑOZ CONTRERAS SALMA SAYURI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14002	VIZCAINO BELTRAN JESUS JOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14003	CHAVEZ ESPARZA SAMUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14004	VARGAS TARIN LESLY DAYANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14005	ESPARZA MENDOZA JESUS LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14006	BANDA VARGAS ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14007	GALLEGOS ROCHA JESUS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14008	PORTILLO CHAPARRO KARIME ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14009	HERRERA CHAVEZ JESUS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14010	PALMA CRUZ DANELY VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14011	NUÑEZ ROMERO JESUS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14012	MUÑIZ FAUDO A FRIDA AZUCENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14013	NAVA CAMACHO JESUS MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14014	HERNANDEZ MADRIGAL JESUS MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14015	VALDEZ VAZQUEZ ILSE ANAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14016	RUIZ GUERRERO AYLIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14017	SAENZ FLORES SALMA VANESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14018	BOLAÑOS ZAVALA DAVID ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14019	JIMENEZ SALGADO JESUS ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14020	CEDANO LUNA KAREN NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14021	ESPINOZA ESCARCEGA JESUS SALVADOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14022	ORTEGA ORTEGA TANIA CECILIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14023	MARTINEZ FELIX JHULIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14024	GRANADOS LAGUNA PEDRO DAMIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14025	ROBLEDO URANGA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14026	FLORES GONZALEZ JIBRAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14027	PRADO GALLARDO JOAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14028	BURCIAGA MICHEL VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14029	SUJO RODRIGUEZ VIANNEY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14030	RAMIREZ PEÑA JOANA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14031	IBARRA MUÑOZ DENISSE ANGELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14032	GRAJEDA ARMENTA JOAQUIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14033	DELGADO MADRID JOAQUIN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14034	TORRES CHAVEZ JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14035	VALENZUELA CHAVEZ SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14036	DELGADO MORALES EVELYN RUBY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14037	COLOMO FRANCO ROBERTO MAX	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14038	TORRES CORDERO JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14039	HERNANDEZ JAIME JOHAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14040	ESCARCEGA MENDEZ SAID EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14041	RODRIGUEZ ANAYA JOHAN ADAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14042	RUIZ PORTILLO NORMA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14043	DOMINGUEZ TRUJILLO SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14044	ORTEGA SAGREDO JOHAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14045	MARRERO MONTELONGO JOHAN ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14046	ANAYA MARTINEZ JULIO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14047	RUVALCABA BAUTISTA JOHAN DIDIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14048	REYES CORDERO JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14049	RUBIO FLACO JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14050	BORUNDA CARRILLO EDWIN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14051	RODRIGUEZ VILLARREAL JOHANA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14052	SOTO ESTRADA SHIARA SAMANTHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14053	PARRA PEREZ LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14054	LOZANO ENRIQUEZ JOHANN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14055	MARTINEZ MENDOZA SALVADOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14056	GONZALEZ CARDOZA JONAHTAN GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14057	ACOSTA REYES PILAR DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14058	DE LA FUENTE LOPEZ BRENDA NALLELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14059	HERNANDEZ GONZALEZ SAMANTA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14060	JIMENEZ MORALES JONATHAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14061	ESPINOZA MIRANDA ODON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14062	CONTRERAS ORTIZ ADRIANA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14063	ALMANZA SERRANO JONATHAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14064	ACOSTA TENA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14065	HERMOSILLO DE LA ROSA SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14066	ORTEGA NAJERA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14067	VILLALBA CARREON JONATHAN MISSAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14068	MONTES BARBOZA MANUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14069	GOMEZ LLANES JONATHAN RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14070	AMADOR PEREZ CINTHIA VANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14071	DIAZ MORALES MARIA ARGELIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14072	YAÑEZ BUSTILLOS JONBENET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14073	MIJARES MENDOZA SERGIO ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14074	VILLAR CARAVEO ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14075	LIRA FLORES OMAR FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14076	DOMINGUEZ RAMIREZ MARTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14077	MEDINA HERNANDEZ VICTOR JONHATAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14078	SALAZAR SANCHEZ ALVARO ESTEBAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14079	LUJAN HERRERA FERNANDO JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14080	OROZCO RUTIAGA JORDAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14081	MUÑOZ GARCIA JORDI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14082	GALINDO MONTES JORGE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14083	VELADOR LAZCANO ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14084	SOSA ZERECERO JORGE ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14085	DE VERE GOMEZ SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14086	MURGA OCHOA PAULINA IVETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14087	DELGADO ZAGARNAGA JORGE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14088	GOMEZ ESCARCEGA JORGE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14089	ACOSTA GAMEROS JORGE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14090	HERNANDEZ ENRIQUEZ JORGE ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14091	SIMENTAL SANCHEZ ALEXIS JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14092	MENESES RAMOS SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14093	CARO CARMONA YAMMILE MONSERRATH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14094	ESCAPITA CHACON OMAR ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14095	SALAZAR REVELES JORGE ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14096	DEBORA RAMIREZ JORGE ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14097	GARCIA RODRIGUEZ SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14098	HERMOSILLO MARTINEZ DENNISE BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14099	GRADO VILLALOBOS ANA MARTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14100	ALEMAN FLORES LUIS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14101	PEREZ LOZANO LEOBARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14102	HERNANDEZ PEREZ SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14103	OLIVAS ACOSTA JORGE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14104	CARRASCO LOPEZ JORGE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14105	FLORES MARCIAL CESAR KEVIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14106	URBINA GRANADOS YOSELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14107	ESCAMILLA HOLGUIN MYLKA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14108	MARQUEZ BELTRAN DOMINGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14109	MARTINEZ MEZA JORGE HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14110	PONCE VASQUEZ RODRIGO EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14111	MERINO DEL RIO JORGE IRVING	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14112	FRANCO FERNANDEZ VICTORIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14113	RIOS GAYTAN JESUS ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14114	SALDIVAR BALLESTEROS SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14115	GARCIA ADAME VICTOR MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14116	TORRES GOMEZ CAYIN GIOVANY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14117	VELEZ CHAVEZ SAMANTHA ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14118	RODRIGUEZ TERRAZAS EDWIN GAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14119	SOTO CAMACHO SUMIKO ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14120	GOMEZ PASTRANO JORGE LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14121	OROZCO SALAS JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14122	DOMINGUEZ ORNELAS JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14123	LOZANO GARCIA MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14124	SUBIAS ESPINOZA JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14125	ARMENDARIZ HERRERA ALEXA ESVERELDY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14126	ORTIZ MONTAÑEZ SAMANTHA AIMEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14127	ENRIQUEZ RASCON JORGE YURIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14128	ACUÑA VERDUGO JOSE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14129	ACOSTA BORUNDA JOSE ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14130	CARBAJAL PEREZ JOSE ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14131	LICON DELGADO JOSE ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14132	MENDOZA . VICTOR MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14133	MARTINEZ MARTINEZ KIMBERLY MARIEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14134	SORIA MENDOZA DENISE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14135	ESCOBAR MORALES MARIA CHRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14136	ORTIZ BLANCO GABRIELA NICTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14137	LEDEZMA DONATI ALEXIS GABRIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14138	LIMAS LUJAN SAMANTHA DAYAME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14139	GANDARA CARRILLO JOSE ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14140	VILLAGRAN RIOS SAMANTHA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14141	VARGAS LEM JOSE ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14142	GOMEZ ESCOBEDO CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14143	RUVALCABA GRANADOS JOSE ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14144	MONROY RIVERA HANNAH ELISA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14145	FLORES HERNANDEZ NAJAKMARY ARLENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14146	GARCIA HERRERA YESSENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14147	VALLES VALLEJO SAMANTHA IDALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14148	GARDEA ACOSTA JOSE ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14149	CANO NOLASCO JOSE ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14150	GUTIERREZ RUIZ VICTOR MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14151	HUGHES VARGAS SAMANTHA JAZIVE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14152	MALDONADO CASTILLO JOSE CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14153	MEDINA ALMANZA JOSE CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14154	ESTRADA MANJARREZ JOSE CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14155	CERON LARA EDGAR ALEXANDER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14156	FIERRO MOGUEL JOSE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14157	MENDOZA DEOSSES SAMANTHA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14158	BANDA ENRIQUEZ JOSE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14159	OCHOA GARIBAY DULCE MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14160	SUAREZ QUINTANA SERGIO RENATO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14161	PACHECO PAYAN ANDREA NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14162	NUÑEZ MARTINEZ RENE	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14163	AGUIRRE MEZA SAMANTHA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14164	DIAZ CHAVEZ MARIANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14165	ANGEL DOMINGUEZ JULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14166	MADRID VILLEGAS FLOR ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14167	CORONA HEREDIA JOSE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14168	MORA VILLEGAS SAMUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14169	MEZA MUÑOZ JOSE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14170	SALAZAR SINALOA DIANA EMELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14171	VARGAS ARELLANES JOSE ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14172	AVILA TALAMANTES VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14173	LEYVA CHAVEZ VALERIA ESTEFANY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14174	DUARTE BEJARANO ADAN ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
14175	RONQUILLO ROACHO JOSE ESTEBAN	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14176	MERINO MORALES FRANCISCO JAVIER	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14177	OROZCO MENESES JOSE GERARDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14178	ZAVALA FLORES ANDREA SMIRNA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14179	RAMIREZ MENDOZA IVAN	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14180	RODRIGUEZ LOZANO DANIEL OSMAR	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14181	PONCE RODRIGUEZ ELISA HASEL	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14182	FRANCO MARTINEZ ESTEFANIA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14183	BARRON BALDERRAMA VICTOR MANUEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14184	SANCHEZ CERVANTES JOSE GIOVANNY	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14185	SIGALA GUERRERO IRVIN ROLANDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14186	QUIROZ DE REGULES JOSE LEONARDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14187	RODRIGUEZ GARCIA VIRIDIANA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14188	VENEGAS RUIZ JOSE MANUEL	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14189	MENDIVIL MADRID JOSE MANUEL	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14190	VELAZQUEZ SALAS ANDREA MONSERRAT	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14191	GARCIA ALVAREZ PALMIRA AZUCENA	33 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
14192	GODINA PEREZ JOSE OCTAVIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14193	ENRIQUEZ PACHECO LUIS JEAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14194	TALAMANTES RAMOS ANEL JANINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14195	QUINTANA CALDERON JOSE PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14196	VERAZA MAGAÑA GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14197	VALENZUELA CARRERA JUAN MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14198	RUIZ CISNEROS VIRIDIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14199	RANGEL SILVA SAMUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14200	PACHECO OVANDO JOSE PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14201	ZUBIRAN DURAN ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14202	CHAPARRO CARBAJAL IRLANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14203	FLORES AVITIA SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14204	MORALES PORTILLO DAVID ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14205	RODRIGUEZ DE LA GARZA JOSE RODRIGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14206	DE LA CRUZ BURCIAGA JOSE RUBEN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14207	OLIVER VILLALOBOS PAOLA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14208	ALARCON ERIVES JOSE SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14209	JACQUEZ TRILLO SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14210	HERRERA CHACON MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14211	LERMA RODRIGUEZ VICTOR SAMIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14212	SALCIDO CHAVEZ JOSE UBALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14213	AVILA ALARCON JOSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14214	SALVADOR LOPEZ ANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14215	MEJIA BORJA OLGUIN VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14216	LEYVA MUELA JOSE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14217	HERNANDEZ GARCIA DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14218	VILLALOBOS PERALTA KARETZI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14219	PILLADO RODRIGUEZ JOSHUA ARIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14220	MARTINEZ SANDOVAL JOSIE DANEYRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14221	PALACIOS MUÑOZ JOSUE DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14222	RIVAS GONZALEZ ANA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14223	BALDERRAMA CHAVIRA ALONDRA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14224	CANO DELGADO JOSUE JAZIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14225	VALVERDE RUBIO HANNS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14226	NEVAREZ DOMINGUEZ ANDREA NAHOMY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14227	GUTIERREZ MUÑOZ JOSUE RAYENARI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14228	VALENZUELA PEINADO MILDRED DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14229	MATA RODRIGUEZ JOVANNY ISRAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14230	DIAZ AGUIRRE JUAN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14231	GUERRA CERVANTES JUAN ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14232	MENDEZ MARTINEZ JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14233	MENDOZA PRIETO SAMUEL ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14234	LOM ARREDONDO SAMUEL ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14235	SOTO ZUÑIGA NOE GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14236	MONTAÑO GILIO JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14237	ZUÑIGA OROZCO JUAN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14238	HERNANDEZ FERREIRO VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14239	MACIAS JIMENEZ JUAN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14240	ORTEGA ALVIDREZ BRYAN ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14241	AGUILAR VEGA JOSE DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14242	TARANGO CHAVEZ SAMUEL ARIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14243	AGUILERA MAYNEZ ADRIAN ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14244	SOLIS CHAVEZ VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14245	ROMERO FAUDO A EVELYN MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14246	ONTIVEROS ANDERSON JUAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14247	DAVILA RUIZ JUAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14248	ZARAGOZA BALDERRAMA MARLEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14249	LOYA CANO SAMUEL ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14250	SOTO CORONA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14251	MARTINEZ MENDEZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14252	MEDINA CASTILLO JUAN ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14253	MANZANAREZ NAVARRO JUAN LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14254	SOLIS RAMOS DARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14255	DEL VALLE SOTELO JUAN LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14256	DOMINGUEZ LOPEZ DIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14257	MENDEZ VILLALON LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14258	MONTALVO LLAMAS JOSELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14259	HERRERA ONTIVEROS ASTRID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14260	RUIZ LOPEZ JUAN LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14261	CRUZ BENCOMO JUAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14262	GUERRERO ONTIVEROS ITZEL EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14263	RAMIREZ BENCOMO SANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14264	ROSALES VILLA JOSE OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14265	MOLINA ACUÑA JESUS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14266	TREVIZO CHACON MEILIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14267	ARENIVAS BRITO JUAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14268	PORRAS GARCIA SANDRA BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14269	CAZARES BEALL DIEGO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14270	TARANGO KAN JUAN PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14271	CHACON FIERRO JUAN PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14272	CORRAL VAZQUEZ JUDITH YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14273	GONZALEZ ARREDONDO SANDRA GISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14274	ZUBIA ALMANZA KARLA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14275	DUEÑEZ MOTA JULIA GISEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14276	VAZQUEZ MENDOZA JULIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14277	MORENO CONTRERAS VALERIA ITZEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14278	MUÑOZ CORONADO SIBEL ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14279	RODRIGUEZ MARTINEZ JULIO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14280	LASTRA GUERRERO RENEE GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14281	MEDINA VAZQUEZ OSCAR MARLON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14282	GARDEA HURTADO JULIO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14283	AGUILAR CALDERA DIEGO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14284	FIGUEROA RUIZ JULIO ARNALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14285	AMPARAN SAENZ JULIO CESAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14286	GARCIA CARDENAS AURA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14287	MUÑOZ MIRELES JULIO JARED	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14288	HERMOSILLO OLIVAS ANA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14289	ANDAZOLA ESTRADA KARELLY YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14290	CHAVEZ RAMIREZ KARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14291	TARANGO CHAVEZ STEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14292	MORALES BACA KARELY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14293	YAÑEZ ZAMARRON KARELY IVANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14294	MORALES SOLIS KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14295	BANDA BARRAZA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14296	ARVIZO OLIVAS KAREN ARLETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14297	JAQUEZ VALDENEGRO SANDRA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14298	YAÑEZ SANDOVAL JESUS OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14299	NEVAREZ MIRAMONTES KAREN AURORA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14300	MENDOZA . KAREN CHRISTINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14301	VIOLETA ORNELAS AIDA PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14302	ARANDA AGUIRRE GLADYS AIDE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14303	ACEVES PALLARES DENISSE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14304	MORALES ARMENDARIZ KAREN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14305	BONILLA MARTINEZ KAREN GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14306	GAMBOA LOYA BRYTTANY ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14307	BALDERRAMA RODRIGUEZ KAREN LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14308	SANDOVAL PEREZ SANDRA IVET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14309	BORRUEL FIGUEROA FRIDA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14310	LUNA CALDERA KAREN NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14311	VEGA AGUIÑAGA KAREN PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14312	MEDIANO RAMOS KAREN PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14313	GONZALEZ PEDROZA OSWALDO ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14314	SANTANA DUARTE CLAUDIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14315	MINA CASTILLO KEIRI LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14316	SALAS DURAN VANESSA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14317	SOTO . KAREN RACHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14318	QUINTANA RUIZ MARLETT GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14319	ARAMBULA MARTINEZ JESUS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14320	PEÑALOZA GARCIA SANDRA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14321	ROMERO GASPAR KAREN SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14322	GONZALEZ RIVAS BETZABETT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14323	SOTELO LERMA SANDRA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14324	CARMONA CANO KAREN STEPHANIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14325	SALINAS SALAZAR KAREN THAILI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14326	JIMAREZ DE ALBA YEIMI MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14327	GALINDO LECHUGA EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14328	PEREZ CAMACHO KAREN VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14329	MEDINA NOGAL KARIME AMAIRANI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14330	GOMEZ CORTES SANTA MONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14331	FLORES SANCHEZ FRANCISCO HABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14332	CAVAZOS SOTO CESAR MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14333	CARRASCO ARGUELLES KARIME GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14334	ALARCON GARZA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14335	MARTINEZ MENDOZA RICARDO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14336	REGIS SANDOVAL KARINA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14337	VILLARREAL GONZALEZ KARINA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14338	RENTERIA NUÑEZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14339	GALLARDO ORTIZ SANTIAGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14340	CALVILLO VALDEZ LAURA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14341	GONZALEZ RODRIGUEZ SANTIAGO ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14342	JAQUEZ HERNANDEZ KARINA IKETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14343	GARDEA RAMIREZ KARINA MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14344	VILLANUEVA VARGAS KARINA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14345	FIERRO VAZQUEZ VANESSA FABIOLA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14346	SORIA ZAPIEN LESLYE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14347	BEJARANO MENDOZA ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14348	CHAVIRA BARRERA KARLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14349	MACIAS CARREON KARLA ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14350	AVILA MIRELES FRIDA ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14351	CHAVIRA ARNEROS ANGEL JOSHUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14352	CUEVAS CARMONA KARLA DEL CARMEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14353	AVELLA GONZALEZ KARLA IDALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14354	VASQUEZ HERNANDEZ VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14355	ARAMBULA ESCANDON CRISTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14356	FERNANDEZ PEREZ KARLA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14357	MARQUEZ DUEÑES KARLA LARISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14358	ARELLANES HERNANDEZ KARLA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14359	GUEVARA HERNANDEZ KARLA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14360	TORRES RUIZ SANTIAGO AURELIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14361	PEREZ TERRAZAS KARLA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14362	HERNANDEZ HERNANDEZ KARLA MARLENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14363	ROSAS . YAHAIRA VERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14364	GARCIA OROZCO KARLA NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14365	CASTRO ORTIZ VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14366	GUZMAN TERRAZAS VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14367	REYNA PORRAS MARIA KAMILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14368	VELARDE ARAUJO KARLA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14369	MARIN GUTIERREZ KARLA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14370	ESCOBEDO LARA KARLA SELENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14371	TORRES PALMA DENISSE CRISTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14372	TERRAZAS LEOS KARLA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14373	PIZARRO AYALA SHADIA OMILVA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14374	GRAJEDA GARCIA KARLA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14375	GARCIA LOERA MARCOS FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14376	OCHOA MADRID KARLOS ROY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14377	OLIVAS JIMENEZ DANYA JULIETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14378	PORTILLO GARCIA BRYAN AZAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14379	MARQUEZ NAVARRETE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14380	PORRAS MARUNGO KARMINA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14381	AGUIRRE ORTEGA MONICA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14382	RODRIGUEZ MELENDEZ SARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14383	MARIN IBARRA SARA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14384	PIÑUELAS VALENZUELA BRIANDA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14385	SAENZ GONZALEZ SARA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14386	GARCIA MUÑOZ KARYME ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14387	PRADO POLANCO KASSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14388	QUINTANA MUÑOZ LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14389	JUAREZ ESTUPIÑON EVELYN JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14390	ABIN SALCIDO SARA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14391	ROSALES SALDAÑA DIANA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14392	MUÑOZ BELTRAN KASSEDI YAELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14393	HINOJOS ANCHONDO KATHERINE FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14394	PAZOS CASTRO KATIA LISSET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14395	PASILLAS ROMO KATIA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14396	ALMANZA MORALES SARA TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14397	MARTINEZ BRICEÑO ADRIANA NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14398	MONROY JURADO SARAH BELEM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14399	GRAJEDA GONZALEZ SARAH GARDENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14400	NAJERA CHAVEZ MAXIM FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14401	HERNANDEZ ORTIZ LESLIE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14402	MEDINA SILVA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14403	PINEDA CHAVEZ RAUL HIRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14404	MENA GARCIA VANESSA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14405	DIAZ FIERRO KATYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14406	FELIX ORTEGA KARINA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14407	ZUBIATE TORRES VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14408	ZAPIEN SOLIS KEIRA IRATZE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14409	PONCE DE LEON FLORES SARAH MAXINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14410	PORTILLO TELLEZ KEIRI JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14411	RUIZ CAZARES RUBI ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14412	VALLES TOLENTINO VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14413	SANCHEZ VALDEZ KEIRY MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14414	PORTILLO ACOSTA KELLIAN MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14415	NARVAEZ AGUIRRE KELVIN EUSEBIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14416	GUTIERREZ MENDOZA NAYELI NABILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14417	MERCADO MACIAS RICARDO FIDEL	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14418	CANO GONZALEZ LAURA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14419	CORDERO CORONA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14420	BARRAGAN MARTINEZ VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14421	FLORES COLUNGA FRIDA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14422	HOLGUIN MARTINEZ MIGUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14423	NAJERA FIERRO ALFONSO EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14424	GUERRA CAZARES KENETH ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14425	ROACHO LEON KENIA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14426	GALVAN LUNA ANA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14427	VELAZQUEZ RIVERA SERGIO GAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14428	VALLES CARREON KENIA GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14429	NUÑEZ FLORES MARIANA ARISBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14430	MUÑOZ HEREDIA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14431	SAENZ MENDEZ LLUVIA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14432	GARCIA GONZALEZ RICARDO ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14433	ARGUELLO MALDONADO VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14434	GARCIA MOLINA LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14435	OROZCO TREVIZO ITZEL YARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14436	ENRIQUEZ ROSALES PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14437	CHAVEZ VAZQUEZ MARIANA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14438	ARVIZU GUTIERREZ KENIA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14439	VALDEZ RAMIREZ ELISA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14440	TORRES HERMOSILLO SARAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14441	BLANCO GUILLEN KEVIN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14442	HERNANDEZ RODRIGUEZ SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14443	PACHECO BARRAZA KARINA YAMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14444	GAMBOA GRAJEDA KEVIN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14445	VILLANUEVA RODRIGUEZ KEVIN ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14446	ACOSTA RASCON KEVIN ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14447	FLORES FRANCO ANA Yaeli	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14448	DAVILA SANDOVAL LIZET YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14449	URTUZUASTEGUI CEBALLOS PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14450	LOYA PACHECO KEVIN DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14451	SANDOVAL PORTILLO ABILENNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14452	PORRAS CAMPOY KEVIN GAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14453	FLORES GARCIA SARIAH GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14454	OCHOA PEÑA ANDREA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14455	HERMOSILLO RODRIGUEZ ALEXIS RAMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14456	RAMIREZ ALVA SASHA NAYIDE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14457	PEDROZA GOMEZ AZUL ANYALI	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14458	NUÑEZ DOMINGUEZ KEVIN JASSIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14459	MANRIQUEZ PROSPERO KEVIN JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14460	LOPEZ VIRAMONTES XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14461	PACHECO MACIAS HECTOR LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14462	RIOS CEPEDA KEVIN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14463	FLORES RODRIGUEZ KEVIN RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14464	LOPEZ LOPEZ KEVIN YAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14465	ACOSTA CARRERA ROBERTO	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14466	ARMENDARIZ MORALES ITZEL ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14467	MENDIAS VILLALOBOS PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14468	CRUZ CASTRO SAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14469	LOYA BUSTILLOS NATALIA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14470	MARTINEZ RAMIREZ CARMEN ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14471	MINJAREZ OROZCO KEVIN YAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14472	RODRIGUEZ ARVIZO VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14473	AYALA OCHOA SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14474	TOVAR CAMARILLO MICHELLE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14475	MORALES BACA LUIS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14476	PARRA QUIÑONEZ SAUL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14477	GUZMAN FAUSTO LUIS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14478	MANCHA DELGADO KIARA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14479	VIZCAINO TARIN KIARA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14480	HERRERA CALDERON ADRIANA AISLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14481	PORTILLO YAÑEZ KIMBERLY ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14482	AGUIRRE BURROLA VICTORIA AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14483	SALAS MARTINEZ EDGAR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14484	DIAZ SOLIS SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14485	MARQUEZ HERRERA HECTOR OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14486	MARQUEZ GONZALEZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14487	CHAVEZ SAENZ JESUS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14488	CELIS HERNANDEZ KLINSMAN JASIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14489	SAENZ PEÑA RICARDO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14490	RIVERA MAGALLANES VICTORIA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14491	HEREDIA GARCIA KRISHNA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14492	TERRAZAS NUÑEZ KRISTAL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14493	MENDOZA DE LA RIVA KRYSTAL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14494	FONTES ACOSTA VIEYRA SINAI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14495	CARDENAS JIMENEZ VICTORIA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14496	ALMEIDA MACIAS JAN MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14497	LOPEZ SAENZ SAUL EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14498	RENTERIA SANCHEZ KRYSTAL FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14499	SALGUEIRO MORENO ANLLEIRY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14500	CHAVEZ SOSA LAISHA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14501	MORAN HERNANDEZ LARITZA AIDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14502	ARRAS CONTRERAS IRIANY ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14503	MORENO RODRIGUEZ BRYAN ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14504	SANDOVAL PORTILLO LAURA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14505	ALCANTAR ESPARZA EDER JARED	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14506	MOYA MARTINEZ SAUL GIBRAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14507	TORRES BUSTAMANTE LAURA EUNICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14508	TORRES RODRIGUEZ LAURA JAZZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14509	PORTILLO ACOSTA SAUL IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14510	DELGADO LEDEZMA LAURA RAQUEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14511	JIMENEZ FELIX LAURA ROCIO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14512	ZENTENO CARMONA LAURA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14513	SOTO GUZMAN LAURA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14514	TORRES HINOJOS VICTORIA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14515	JURADO HINOJOS MARIO ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14516	DELGADO ROJAS MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14517	AVIÑA CARDENAS CARLOS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14518	MARQUEZ GARCIA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14519	MOLINA RAMIREZ ALAN JOSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14520	MARTINEZ MEZA ALDO FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14521	SIGALA GONZALEZ LAYSHA DAYHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14522	DE LA CRUZ ESPINO ALFREDO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14523	ORTIZ MOLINA MARCELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14524	SALAZAR VILLALOBOS GILBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14525	MEDINA ORDUÑO RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14526	GALEANA RODRIGUEZ KIARA LORENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14527	LOPEZ ONTIVEROS KEYLA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14528	CAMACHO PALOMARES LEILANI JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14529	TORRES AMAYA JOSE JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14530	FLORES HERRERA ADAMARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14531	FLORES VENEGAS LEILANY ARALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14532	NUÑEZ GARCIA JESUS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14533	LERMA MORENO ISIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14534	PEINADO HOLGUIN REY GERARDO	40	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14535	GRAJEDA BUSTILLOS LEOBARDO ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14536	FLORES RODRIGUEZ MAIK LEVI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14537	SANCHEZ MARTINEZ LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14538	MARTINEZ NUÑEZ ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14539	SANCHEZ REYES YAMILETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14540	VILLANUEVA MUÑOZ SAYRA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14541	MARTINEZ COTA HECTOR ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14542	MORA LUGO LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14543	HERNANDEZ TERCERO VIRIDIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14544	LOERA GUERRA SAYRA JULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14545	AGUILAR PORTILLO VICTORIA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14546	ALVIDREZ VELA JOHANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14547	MORALES OLVERA SIMONE IDALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14548	ORDOÑEZ REZA CRISTIAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14549	PEREZ POLVON LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14550	DOMINGUEZ TORRES BEATRIZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14551	VALLES CHAVEZ LEONEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14552	PORTILLO TORRES ZAYDA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14553	BENCOMO MUÑOZ VIRIDIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14554	GILL CERVANTES LEONEL DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14555	JURADO ESQUIVEL FRANCISCO OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14556	ORTIZ PERALTA JOSE ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14557	PEREIRA ORTIZ SAYRA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14558	RAMIREZ FRANCO NADIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14559	VALDEZ TORRES SCARLETTE NICOLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14560	OLIVAS MENDOZA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14561	GONZALEZ HERNANDEZ LEONEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14562	SOTO LUNA JESUS IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14563	VENZOR OCHOA DANIA SOPHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14564	CHAPARRO CHUMACERO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14565	VILLANUEVA FUENTES LEONEL HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14566	PEÑA CHAVEZ PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14567	GONZALEZ ERIVES LEONEL SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14568	MANRIQUEZ PEREZ SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14569	HINOJOS AGUILERA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14570	MANCHA ACOSTA LEONOR ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14571	GRIJALVA LIMAS LEOPOLDO ALAIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14572	MARQUEZ CRUZ MARISOL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14573	FRAYRE VALENZUELA AMERICA BELEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14574	GUTIERREZ ESCARCEGA LESLI VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14575	GONZALEZ UTAJARA SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14576	JAVALERA LEYBA GISELLE YERALDY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14577	RODRIGUEZ MINJAREZ ANA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14578	TORRES SANDOVAL ALAN ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14579	MARRUFO ARGUIJO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14580	SOTO CAZARES KAREN ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14581	MUÑOZ VALENZUELA ALONDRA MAVELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14582	CARDONA CASTAÑÓN LESLIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14583	PEREZ LAZOS ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14584	ROJAS HERNANDEZ SARAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14585	SALVIDREZ CANO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14586	PEREZ ORTIZ LESLIE ALEIDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14587	MENDOZA RUIZ OSCAR EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14588	SANDOVAL PEÑA LESLIE ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14589	ROBLES ARGUELLO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14590	VELARDE RODRIGUEZ LESLIE ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14591	AGUILAR CRUZ LESLIE ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14592	HERNANDEZ RUIZ TANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14593	LOZANO SANCHEZ LESLIE ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14594	BAUTISTA DIAZ TANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14595	MARTINEZ MORALES SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14596	CELAYO DELGADO LESLIE CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14597	BARRON ESCORZA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14598	VILLARREAL ALVIDREZ MARCOS URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14599	GOMEZ CHAVEZ VANESSA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14600	SALAZAR VAZQUEZ CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14601	MARQUEZ DELGADO LESLIE JOSABET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14602	FLORES RODRIGUEZ LESLIE LETICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14603	GOMEZ CARVAJAL LESLIE MARISOL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14604	HERNANDEZ AVILA KENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14605	DE JESUS DEL REAL LESLIE PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14606	CASTILLO ALCARAZ LESLIE VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14607	MUÑIZ AGUIRRE MARCOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14608	SALDAÑA ESTRADA VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14609	ORNELAS PAZ LESLIE VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14610	MELENDEZ FLORES SANDRA PATRICIA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14611	AVILES RIOS LESLY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14612	PEÑA PEÑA EDGAR JONATHAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14613	ESTRELLA PONCE VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14614	ACOSTA MENDOZA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14615	ARRIAGA DIAZ LIZETH NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14616	LARA SUAREZ SARAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14617	ESCOBEDO FRANCO OSMARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14618	RUIZ LEOS ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14619	ORTIZ VILLALBA FATIMA MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14620	CORONA RODRIGUEZ SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14621	CANO ITURRALDE PAULINA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14622	SANTARRIAGA OLIVAS LESLY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14623	URUETA . SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14624	ACEVES GARCIA VICTORIA ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14625	RAMOS ROMERO LESLY GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14626	DOMINGUEZ PEREZ PAMELA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14627	LOYA SALGADO LESLY JAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14628	BOTELLO CORDOVA LESLY JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14629	GINER URRUTIA VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14630	MONTOYA MACIAS PEDRO	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14631	CALLEROS OCHOA LEYLA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14632	MONARREZ CANO LILIAN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14633	DIAZ RAMIREZ LUCERO ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14634	DE LA ROCHA DIEGO LILIAN TAMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14635	RIVERA BACA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14636	GOMEZ SANCHEZ SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14637	GARCIA CASTAÑEDA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14638	QUINTANA VENZOR MARINA JOSELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14639	ARZATE GONZALEZ ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14640	GRANADOS ESTRADA AHTZARI YAMILETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14641	BOTELLO FLORES EDITH ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14642	ALDERETE LEDEZMA LITZY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14643	MUÑOZ RODRIGUEZ LITZY DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14644	HEREDIA QUIÑONEZ HECTOR ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14645	VIGUERAS ROJAS LIZ ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14646	VALDEZ LUNA CARLA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14647	BUSTILLOS RASCON MAYRIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14648	CALDERON MURILLO PABLO MISSAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14649	GONZALEZ RAMOS MILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14650	GARCIA WONG LITZY NAHOMY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14651	BALDERRAMA JUANES LUIS ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14652	CASTREJON PEREZ SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14653	PAYAN DIAZ LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14654	PAYAN PONCE DE LEON LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14655	CAMPOS CONTRERAS LIZBETH JAQUELINNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14656	AVITIA CHAVEZ LIZETH KARELLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14657	QUIÑONEZ NUÑEZ LIZETH VANESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14658	VALLES CHAVEZ JAIME	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14659	CARRILLO MUÑOZ LIZETH YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14660	GONZALEZ TORRES LLUVIA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14661	MENDEZ SOSA LORENA JANET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14662	URBINA ACEVES LORENZO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14663	BAEZ RODRIGUEZ LOUISA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14664	MOYA RODRIGUEZ LOURDES JAQUELINNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14665	QUIÑONES VAZQUEZ ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14666	CHACON MELENDEZ LOURDES VANELLY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14667	AYALA CRUZ VIVIANA JUDITH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14668	GUEVARA RUBIO ARIADNE JIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14669	MARTINEZ CARRERA LUCY SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14670	LARA TORRES DANA PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14671	HERNANDEZ MACIAS LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14672	MORALES SALINAS SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14673	MEJIA MELENDEZ LUIS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14674	BARRERA TALAMANTES MIGDALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14675	VALDEZ GUTIERREZ SEBASTIAN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14676	CALLEROS VILLANUEVA ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14677	ESPINOZA FELIX LUIS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14678	CHAVEZ ORDOÑEZ AFRICA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14679	CHAVIRA SILVA LUIS ALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14680	LOYA MARTINEZ ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14681	SANTILLANES LOYA LUIS ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14682	ALCANTAR ALCANTAR LUIS ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14683	BARRAZA LECHUGA LUIS ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14684	LECHUGA GUTIERREZ NALLELY CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14685	MORALES RAZO ERICK ARIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14686	LOPEZ BARRAGAN MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14687	PEREZ LOZANO LUIS ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14688	FLORES GRANADOS VICTORIA JAQUELYN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14689	MOLINA CHAVEZ LUIS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14690	PILO MARTINEZ LUIS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14691	CARRERA URIBE LUIS ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14692	MIRAMONTES LEON LUIS ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14693	SAENZ GUEREQUE JESUS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14694	GONZALEZ VARGAS DULCE PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14695	CERECERES CAMPOS VICTORIA LETICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14696	GARCIA BACA LUIS ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14697	RIVERA MANCINAS LUIS ATHZael	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14698	MENDOZA CARRASCO JULIETA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14699	TERRAZAS ADAME LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14700	ORONA TINTORI LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14701	ONTIVEROS ROACHO LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14702	FIERRO CASTILLO BIBIANA AIDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14703	SANTIESTEBAN RUIZ OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14704	ARAUJO TREJO DANIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14705	TERRAZAS BARAY MIA CASSANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14706	GONZALEZ PANDO LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14707	MORALES ZUBIA LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14708	MARTINEZ LOYA SEIDY NICOLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14709	PONCE MOTA LUIS JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14710	RAMOS ESQUIVEL SELENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14711	SAENZ GONZALEZ LUIS CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14712	MARTINEZ CARAVEO LUIS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14713	RAMOS HERRERA ALEIDA SARAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14714	TERAN PARRA MANUEL OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14715	PORRAS PEREZ VANESSA IDALI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14716	DURAN RAMIREZ PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14717	VALLES ACEVEDO FERNANDA JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14718	MARTINEZ MARISCAL LUIS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14719	RODRIGUEZ LARREA LUIS ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14720	RUIZ GONZALEZ LUIS FELIPE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
14721	ACOSTA GARCIA KAREN DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14722	REY CHAVIRA LUIS FERNANDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14723	GARCIA ESCOBEDO SELINA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14724	RODRIGUEZ GALLEGOS LUIS GERARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14725	HERMOSILLO RICHARTE LUIS FERNANDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14726	OLIVAS GUERRERO LUIS FERNANDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14727	VALDEZ SANCHEZ SERENA MARIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14728	HERNANDEZ GARZA LUIS GERARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14729	PRIETO CHAVIRA LUIS GUERRERO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14730	ORTEGA VAZQUEZ LUIS JAVIER	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14731	CALDERON OCHOA SERGIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14732	VENEGAS DURAN AIMEE GISELL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14733	GOMEZ SAUCEDO BRAULIO JOSUE	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14734	DOMINGUEZ LEAL ANA MARIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14735	VILLA GARCIA RAMON ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14736	HERNANDEZ MARTINEZ SERGIO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14737	LUNA IBARRA LUIS MARIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14738	DE LOS RIOS VILLA SERGIO ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14739	ALONSO MUÑOZ VIOLETA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14740	SAENZ TRUJILLO LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14741	GARCIA HIELO LUIS RAMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14742	ALARCON GUTIERREZ EDSON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14743	POLVON RODRIGUEZ ALAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14744	BEJARANO LEYVA SERGIO ALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14745	GONZALEZ AGUILAR ROBERTO ALONSO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14746	MEDRANO HERMOSILLO LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14747	ANCHONDO ONTIVEROS PEDRO ADRIAN	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14748	ENRIQUEZ OLIVAS JOEL ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14749	GONZALEZ PEREGRINO SONIA MARIA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14750	MARQUEZ ESPINOZA PAULINA VERONICA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14751	LEGARDA CARRERA GABRIELA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14752	CARREON JIMENEZ ROSENDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14753	SIERRA JAQUEZ PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14754	NAJERA ORTEGA ANA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14755	MARTINEZ OCEGUEDA SERGIO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14756	CASAS CHAVEZ SERGIO ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14757	GARCIA VELAZQUEZ RAFAEL ORLANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14758	MUÑOZ ANDRADE BERANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14759	SILVA CARDENAS JESUS ALAIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14760	HOLGUIN DOMINGUEZ CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14761	ROMERO PAYAN VICTORIA YAMEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14762	DOMINGUEZ ARROYO SERGIO ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14763	MARTA VEGA RODRIGO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14764	CHACON MUÑOZ LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14765	VARGAS MACIAS LUIS ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14766	VALLES FELIX LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14767	RODRIGUEZ BARRERA LUISA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14768	MORENO MARQUEZ LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14769	PAYAN LOPEZ LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14770	ESTRADA MELENDEZ ARLET PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14771	CANO CASTRO LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14772	NUÑEZ NUÑEZ SERGIO EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14773	BARRERA OAXACA LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14774	ORDOÑEZ LOERA BRYAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14775	RAMOS CARRERA LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14776	AGUAYO GARCIA MARISSA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14777	VILLALOBOS ARRIETA SALVADOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14778	MURILLO MORALES LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14779	CHAVEZ CHAVEZ LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14780	BLANCO MINJARES SANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14781	PIÑA VASQUEZ LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14782	MARTINEZ ROMERO ROLANDO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14783	CHAVEZ LUJAN HECTOR DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14784	MEDINA AYALA LUISA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14785	ALVAREZ HOLGUIN MANUEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14786	VASQUEZ SAUCEDO ELENA GEORGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14787	MENDOZA GONZALEZ LUISA MARGARITA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14788	SIFUENTES SANCHEZ LUISA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14789	GAMBOA RODRIGUEZ CESAR FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14790	RASCON MEDINA SARAI	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14791	HEREDIA ZAVALA VIDAL ASMETH	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14792	MAGALLANES RUIZ ROXANA JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14793	MIRANDA MARRERO JOSE CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14794	CARDENAS PADILLA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	MARIANA									
14795	MONDRAGON QUIRINO HECTOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ESDRAS									
14796	MORALES MERCADO HECTOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	IVAN									
14797	ROBLES MEDELLIN LUISANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14798	JIJON MUÑOZ VALERIA NAOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14799	MENDOZA HERNANDEZ LUZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	CARMEN									
14800	HERMOSILLO CHAVEZ LUZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	FERNANDA									
14801	RODRIGUEZ GUZMAN TERESA DE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	JESUS									
14802	RICO MANDUJANO MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	YOZAXANDI									
14803	CARAVEO BURROLA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	PAOLA									
14804	CORRAL SILVA MAGALY AZUCENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14805	GONZALEZ NAJERA RUBEN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14806	AGUILERA GUTIERREZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	SAMANTHA									
14807	MUÑOZ ONTIVEROS DIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	LAURA									
14808	MACIAS MONARREZ SERGIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ENRIQUE									
14809	MEZA ROSALES JAIME ANARBOL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14810	URIAS RAMIREZ MAGDIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14811	SILVEYRA VARGAS SERGIO FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14812	PORTILLO HERRERA MANUEL AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14813	MORENO GUERRERO MANUEL ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14814	TORRES MANRIQUEZ SERGIO GIOVANNI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14815	ROSALES LOPEZ SERGIO GIOVANNI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14816	BALLESTEROS RODRIGUEZ KARLA JAZMINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14817	VILLARREAL RODRIGUEZ JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14818	RIVERA GARCIA SHEILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14819	CALDERA SALAIS LIDIA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14820	LERMA GUZMAN SHEILA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14821	LIZCANO GOMEZ MANUEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14822	ACOSTA HERRERA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14823	PEREZ RAMOS ROBERTO ARTURO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14824	ORTIZ SANTIAGO VINCENTH ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14825	MORENO SALAS DOLORES MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14826	ROACHO IBARRA VIOLETA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14827	VILLEGAS MENDOZA MANUEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14828	SALAZAR GARCIA MANUEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14829	CENICEROS GUTIERREZ IRAD ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14830	MUÑOZ CENICEROS KEVIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14831	RODRIGUEZ SEANEZ MANUEL GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14832	ORTEGA SOTO VIRIDIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14833	ORTIZ CERECERES SALVADOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14834	LOYA BLANCO MANUEL OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14835	CARREON ORNELAS MANUEL ROLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14836	LOERA VILLALOBOS MARCELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14837	CONTRERAS GRAJEDA MARCELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14838	HERNANDEZ SOTO MARCELA JOSAY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14839	BEJARANO LUCERO STEPHANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14840	CARRILLO TORRES MARCELA SUSANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14841	ONTIVEROS SALAS MARCIA LIZHET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14842	CID GARDEA JENNIFER MICHELE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14843	VARELA HERRERA DANIELA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14844	MARQUEZ PICHARRA ZAYRA ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14845	BAEZ GUZMAN SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14846	CARRILLO CHAVEZ MARCO ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14847	MONDRAGON TORRES MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14848	FLORES GRANADOS DANA MAIRELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14849	VAZQUEZ HERMOSILLO MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14850	SANCHEZ GONZALEZ ANA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14851	MORALES LOPEZ MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14852	OCHOA DOMINGUEZ SHEILA GISEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14853	NAJERA GOMEZ RODOLFO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14854	MOLINA CARMONA MARCO GAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14855	GAMEZ SANCHEZ SHEILA MARLETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14856	GOMEZ CHAIRES MARCO KARIM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14857	JURADO TELLEZ MARCO TULIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14858	CLETO MIL JOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14859	CHAVARRIA GARCIA ESTEFANIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14860	LOPEZ RIVERO HECTOR DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14861	RESENDIZ DIAZ BRENDA TERESA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14862	SAENZ ORDOÑEZ MARCOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14863	RUELAS AGUILAR LESLY GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14864	DOMINGUEZ LABRADO MARCOS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14865	VIZCARRA REZA SHELSY ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14866	GOVEA ALVIZO SHERLY ARAELY CONCEPCION	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14867	SANCHEZ ESTRADA EDGAR SAID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14868	URQUIDI ALONSO MARGARITA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14869	ROSALES IRIGOYEN MARIA ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14870	MARTINEZ TORRES MARIA ASERETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14871	VELADOR ESPINOZA DENNIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14872	RAMOS GARCIA MARIA CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14873	GALAVIZ ORTEGA SHEYLA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14874	AGUIRRE TERRAZAS MARIA CELESTTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14875	BEJARANO MARTINEZ MARIA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14876	DUARTE GALAVIZ JIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14877	ROJAS VAZQUEZ SICILIA XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14878	CASAS SALDIVAR MARIA DE LOS ANGELES	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14879	ALFARO CHAPARRO MARIA DE LOURDES	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
14880	AGUIRRE LERMA MARIA DEL CARMEN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14881	PEÑA ROMERO MARIA ESMERALDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14882	GUTIERREZ CENICEROS EMILIO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14883	SANDOVAL GUERRERO DIANA PAULINA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14884	CHACON GARCIA AARON ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14885	BAÑUELAS RUIZ MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14886	BARBA TESILLO MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14887	GOMEZ PIÑON MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14888	LICON CARRASCO WENDY	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14889	MARTINEZ PRIETO MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14890	ROSILLO NAJERA MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14891	RUELAS CABALLERO EDGAR	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14892	LOPEZ VALDEZ SILVESTRE ALONSO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14893	ARRIAGA HERNANDEZ MARIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14894	ROBLEDO GARCIA VALERIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14895	ASCENCIO SANCHEZ ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14896	SALAS SARAZOLA REMEDIOS	35 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14897	ESPINOZA CARBALLO MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14898	GUTIERREZ BUJANDA MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14899	ESCOBAR MONTIEL DAYAN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14900	SOSA DELGADO ALDO DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14901	SOTELO VIEZCAS SILVIA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14902	VALVERDE QUIRARTE WENDY DEJANYRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14903	GARCIA MEDINA DALLANA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14904	LEOS VALDEZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14905	GANDARA LOYA MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14906	COTA MANRIQUEZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14907	QUINTANA ESCARCEGA MANUEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14908	HERNANDEZ TALAMANTES SILVIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14909	MACIAS PALMA MARIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14910	GONZALEZ RODRIGUEZ VIOLETA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14911	MARTINEZ MORENO MARIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14912	RIVERA CORONA DENISSE JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
14913	AGUIRRE FIERRO ANA JARELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14914	GOMEZ CANO NIRVANA ARELY	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14915	ARZAGA AGUIRRE FABIAN OBED	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14916	LUJAN MONTES ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14917	SOTO ESPARZA MARIA GUADALUPE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14918	BOHMER VAQUERA MARIA GUADALUPE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14919	FLORES RODARTE ANDREA DANIELA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14920	HERNANDEZ ALONSO DIEGO FERNANDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14921	RIVERA PORTILLO JESUS MANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14922	HERMOSILLO CERROS MARIA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14923	ZARATE ANDRADE MARIA ISABEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14924	SANTIAGO TORRES MARIA JOSE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14925	BURROLA ARZOLA CINTHIA ARELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14926	ENRIQUEZ CHACON KARLA VERONICA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14927	CALDERON FIERRO WENDY JOSELIN	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14928	IBARRA JAQUEZ MARIA MARNELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14929	MERAZ TURRIZA MARIA REBECA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14930	GRAJEDA ROMO MARIA RENEE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
14931	RODRIGUEZ GUEVARA ILSE YOSELIN	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14932	GUTIERREZ RIOS MARIA TERESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14933	REY DURAN KEVIN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14934	HERNANDEZ FRANCO MARIA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14935	RIVERA TERAN OSCAR EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14936	ARREOLA MARTINEZ VALERIA JAQUELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14937	RAMOS JURADO MARIA VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14938	DOMINGUEZ LANGARICA AYLIN ROXANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14939	LERMA CARNERO MARIA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14940	TORRES RODRIGUEZ VIVIANA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14941	SAENZ MARIÑELARENA SILVIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14942	IGLESIAS VELAZQUEZ YUVIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14943	ESPARZA HOLGUIN VIRIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14944	LIMON ENRIQUEZ MARIAM PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14945	GOMEZ . PAULINA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14946	OGAZ OLIVAS MARIAN ELISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14947	LARA . VERONICA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14948	AGUIRRE FERNANDEZ MELANIE ALESSANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14949	SANDOVAL RODRIGUEZ MARIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14950	ARTALEJO HERNANDEZ AYMARA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
14951	VILLALOBOS CARRERA MARIAN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14952	PEREZ FIGUEROA VICENTE AMAURY	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14953	RICO AGUIRRE VIRIDIANA JUDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14954	GONZALEZ . YOCLINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14955	DOMINGUEZ RODRIGUEZ KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14956	HOLGUIN PONCE FRIDA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14957	LEOS ALVARADO MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14958	RIOS ESTEBAN MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14959	PIÑON LOZOYA SILVIA LORENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14960	MIRANDA ROSALES UZIEL JOSUE	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14961	PADILLA CHAVEZ SILVIA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14962	BOLIVAR ALVAREZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14963	MUELA MONTES MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14964	ANCHONDO HINOJOS MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14965	ESTRADA . ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14966	LIZALDE ALEMAN MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14967	BORJAS LOPEZ SANDRA PAULINA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14968	ALTES SALAZAR MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14969	RUBIO RAMIREZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14970	MENDEZ BELTRAN DEL RIO MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14971	PAREDES LOYA DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14972	CENICEROS ESCOBAR MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14973	MARQUEZ RIVERA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14974	MARTA ALDERETE JAVIER ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14975	MURILLO DIAZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14976	LOZANO ACOSTA MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14977	PULIDO SALGUEIRO GUADALUPE BRICEYDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14978	PADILLA MADRID SINDY GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14979	HERRERA VAZQUEZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14980	SOLIS CHAVEZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14981	RODRIGUEZ VARGAS VANESSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14982	DIAZ CAMPOS MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14983	CARMONA HOLGUIN SIRIA AGNI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14984	POMPA CHAVEZ CRISTOPHER EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14985	SANDOVAL SILVA EDGAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14986	BUJANDA DOMINGUEZ SOCORRO ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14987	REY CABALLERO SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14988	RODRIGUEZ ACOSTA MARIANA ARLET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14989	RAMOS VILLALBA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14990	CHAPARRO MARTINEZ VIRIDIANA LOURDES	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14991	CHAVIRA DANIEL JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14992	CORTES DURAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
14993	TORRES SAMANO MARIANA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14994	CHAVIRA PEREZ MARIANA IVETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14995	GARCIA ESPINOSA DIANA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14996	URANGA CONTRERAS HUGO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14997	MACIAS NUÑEZ DANA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14998	SALAS NAJERA BRISSA JANNETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
14999	VALDIVIA MARTINEZ MARIANA LUCIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15000	SERRANO CEDILLO RAMON DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15001	QUINTANA PEREZ MARIANA MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15002	AYALA URQUIDI GENARO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15003	LEAL AYALA IRVIN DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15004	SALAS HERNANDEZ MARIANE ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15005	CARMONA ESPINOZA KARLA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15006	OLVERA ESTRADA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15007	HARO SERRANO MARIANN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15008	ZORRILLA VILLA ANA YADIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15009	GONZALEZ IBARRA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15010	SANCHEZ ARMENDARIZ FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15011	QUEZADA GUZMAN MARIANNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15012	ORTIZ RODRIGUEZ SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15013	MARTINEZ MENDEZ ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15014	RODRIGUEZ NAVARRO MARIBEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15015	FIGUEROA DOMINGUEZ MARIEL ANGEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15016	ROMERO OLIVAS MARIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15017	ZEAS RAMIREZ YADIRA IVONE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15018	MENDEZ HERNANDEZ GUSTAVO ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15019	BELTRAN CAZARES SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15020	MADRID HERNANDEZ SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15021	MORENO TERRONES SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15022	RODRIGUEZ MELENDEZ SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15023	VEGA MEZA DANIELA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15024	CAMPOS VELASCO MARIELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15025	SOLIS RANGEL WENDY BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15026	MARTINEZ GONZALEZ OMAR GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15027	MENDEZ CARRILLO ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15028	ZAPIEN BARRERA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15029	URIAS JUAREZ PAULINA MERCED	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15030	JARAMILLO ALMAZAN SERGIO ALEJANDRO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15031	CHACON SOLIS JOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15032	ARROYO CUETO MARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15033	PALMA MUÑOZ ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15034	HERRERA PEREGRINO JESUS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15035	CHAVEZ LAZOS VIVIAN MARIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15036	GUILLERMO NUÑEZ PENELOPE	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15037	ACOSTA RODRIGUEZ RAFAEL	46	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15038	REYES MORENO MARINA AYLIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15039	BARRANDEY CHAVARRIA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15040	MONGE CANO JORGE RAMON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15041	RUIZ SANTOS RODRIGO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15042	CERECERES NUÑEZ VICTOR HUGO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15043	RODRIGUEZ MENDOZA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15044	ORTEGA HERNANDEZ FERNANDA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15045	CHAVEZ BALDERRAMA JENNY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15046	SANCHEZ MONARREZ JAZMIN EDEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15047	MENDOZA HERNANDEZ SOFIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15048	MARTINEZ CHAPARRO EDUARDO AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15049	HERRERA FLORES FLOR MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15050	MENDOZA HERNANDEZ SOFIA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15051	CANO ECHEVERRIA VIVIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15052	DE LA CRUZ ALVARADO LINDA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15053	LOPEZ GONZALEZ MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15054	ANALCO HERNANDEZ RENEE VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15055	GRIJALVA MARTINEZ DANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15056	DUEÑAS LOYA ESTEFANI PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15057	DIAZ MORA MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15058	PARADA MARTINEZ MARIO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15059	VAZQUEZ ARMENDARIZ MARIO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15060	MIRANDA DIAZ MARIO ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15061	VAZQUEZ ADAME MARIO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15062	RAYA NAVARRETE MARIO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15063	CARRASCO ARIZPE YAHIR ERNESTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15064	MENDOZA CRUZ ADRIAN ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15065	VILLADO CHAPARRO MARIO DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15066	MATA TERRAZAS MARIO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15067	ANAYA LOPEZ MARISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15068	MALDONADO RAMOS SOFIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15069	BOTELLO MORALES KARLA IVETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15070	CHAVEZ MINJAREZ BRYAN FELIPE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15071	RAMIREZ TORRES MARISOL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15072	ESPINOZA VILLANUEVA MARISOL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15073	ALBIZO SALINAS SOFIA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15074	TREVIZO CHACON DEBANHI ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15075	RAMIREZ CORRAL SHARITY ASTRID	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15076	PEREZ HERNANDEZ GABRIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15077	GAMEROS SANDOVAL MARITZA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15078	DIAZ ARELLANES MARLENE ADILENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15079	HERNANDEZ BERRUETO MARLENE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15080	LIMAS MARIN MARLENE VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15081	MEZA GARCIA SOFIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15082	ESTRADA LEDEZMA MARLENNE JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15083	MORONES LARA JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15084	MACIAS PARRA SOFIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15085	GOMEZ SOUZA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15086	HERNANDEZ MARQUEZ VIVIANA NALLELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15087	GONZALEZ SANCHEZ JOSE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15088	SANCHEZ MOLINA MARTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15089	MORENO ARELLANES URIEL DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15090	LOYA HOLGUIN SOFIA LORENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15091	OLVEDA VALENZUELA ROSARIO LIZETH	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15092	ADAME MORENO MARTHA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15093	GALINDO VILLA WENDY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15094	GARCIA MORALES FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15095	TOVAR CHAPARRO MARTHA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15096	BALDERRAMA LOZANO RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15097	CHAVARRIA MUÑIZ PERLA KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15098	HUERTA RAMOS SOFIA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15099	RUIZ PAZOS SOFIA PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15100	RIOS ROMAN IRAM ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15101	DAVILA CARLOS WENDY JUDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15102	HERRERA FAVELA WENDY AIMEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15103	GALDEANO CASTILLO HERMELINDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15104	MONTAÑO HERNANDEZ WENDY LARISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15105	ROMAN ESTRADA MARTHA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
15106	CORRAL MARTINEZ MARTIN ALEJANDRO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15107	RIVERA HERNANDEZ CARLOS ISMAEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15108	SAUCEDO MARQUEZ RICARDO	30 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15109	RIVERA MADRIGAL MARTIN ANTONIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15110	GONZALEZ FELIX SERGIO	33 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15111	ROMAN ESTRADA MARTIN EDUARDO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15112	ONTIVEROS RENTERIA KATHYA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15113	CASTAÑEDA CHAPARRO JESUS IGNACIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15114	MUÑOZ GARCIA MARYAM GUADALUPE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15115	AVILA LOZANO SOFIA VALERIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15116	VALERIO FRIAS MAURICIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15117	ORTEGA HERRERA EDGAR ALAN	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15118	BERJES TORRES MAURICIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15119	HERRERA CUELLAR SARA MARIANA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15120	CHACON AGUILERA MARIAN ITZEL	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15121	BARBOZA BARRITA LAISHA GUADALUPE	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15122	PEREZ VASQUEZ JESUS DANIEL	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15123	ACOSTA PAYAN MAURICIO	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
15124	MAREZ MUÑOZ SOL ABRIL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15125	CARRILLO CORREA MIGUEL HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15126	CALDERON RIOS EIBY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15127	CHAVIRA ARIAS DORIAN VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15128	PAYAN CAMPOS MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15129	SANTIAGO MERCADO SONIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15130	RODRIGUEZ LOZOYA CINDY EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15131	LEYVA QUINTANA ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15132	ANCHONDO CHAO ESTEBAN EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15133	CHACON DELGADO ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15134	TREVIZO KELLY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15135	CHAVEZ RODRIGUEZ SONIA ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15136	GUEVARA LAZOS MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15137	GOMEZ OLIVAS WENDY ARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15138	CARRILLO SANCHEZ GUADALUPE ISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15139	PADRON HERNANDEZ DIEGO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15140	ACOSTA NIÑO ALONDRA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15141	HERNANDEZ HERNANDEZ SOPHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15142	BACA MENDEZ STEFANY CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15143	MALDONADO MIRANDA MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15144	ALMEIDA VILLASEÑOR MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15145	SALDAÑA MENDOZA MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15146	MENDEZ ONTIVEROS MAYRA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15147	GONZALEZ ARMENTA MAYRA REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15148	BARRON RIVERA MAYRA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15149	MARQUEZ MOLINA MAYTE PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15150	FLORES MARTINEZ SHEILA SAMANTA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15151	OCHOA VELAZQUEZ MELANIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15152	MONGE CONTRERAS SINAHÍ FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15153	VALDEZ LEVARIO VANESSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15154	MORALES CALDERON MARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15155	ESQUIVEL SOTO STEICY LILIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15156	MUÑOZ MARTINEZ MELANIE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15157	RAMIREZ BUSTILLOS OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15158	MARTINEZ MEDRANO WENDY BIBIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15159	GONZALEZ LOPEZ WENDY CRISTAL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15160	RUBIO SOTELO MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15161	GONZALEZ LOPEZ WENDY NAYELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15162	CARRASCO VALLES WENDY EDITH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15163	ROMERO BALDERRAMA MELANIE MICHELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15164	FLORES ALMODOVAR MELINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15165	SIMENTAL ESPARZA MELISHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15166	ACOSTA BUSTILLOS VICTORIA ISABEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15167	LUNA MIRANDA LITZY TZYTLALIC	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15168	CARDENAS BALDERRAMA RUBY AMAIRANI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15169	BAYLON DOZAL PAVEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15170	GARCIA HERNANDEZ MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15171	RODRIGUEZ MENDEZ STEPHANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15172	DOMINGUEZ PROA MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15173	NAVARRO ALVARADO DENISSE ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15174	MARTINEZ QUIÑONEZ MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15175	BURCIAGA MORENO STEPHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15176	ANDUJO TABOADA STEPHANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15177	LOPEZ CHAVEZ STEPHANY GISELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15178	ORTEGA DE SANTIAGO MELISSA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15179	LUJAN DOMINGUEZ CLAUDIA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
15180	ESPARZA HERNANDEZ MELISSA IDALI	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15181	RODRIGUEZ RIVERA KAREN PAULINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15182	ESTRADA MUÑOZ FELIX ADRIAN	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15183	LUCERO ALMARAZ MELISSA IVONNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15184	GUTIERREZ ESTRADA MELISSA IVONNE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15185	TARIN NEGRETE RICARDO NICOLAS	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15186	ORTIZ GILL JERALDINE MADAY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15187	UNZUETA RODRIGUEZ SUGEY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15188	MERAZ ALONSO MERIT ADRIANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15189	TARIN FLORES SUMIKO GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15190	ALAMILLO LOPEZ MESSLY ALEXANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15191	TORRES RODRIGUEZ KEVIN ONESIMO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15192	URANGA ISLAS DANIEL EFRAIN	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15193	VELDERRAIN DIAZ URIEL TADEO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15194	MEDINA VAZQUEZ KARLA KARELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15195	SALGADO LEVY SUSAN LILIAN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15196	RIVAS ALANIZ AXEL ISAI	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15197	VELAZQUEZ MENDEZ MIA ANGELINE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15198	PORRAS CHAVIRA SEBASTIAN ADOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15199	ZUÑIGA RAMIREZ ANGEL DE JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15200	PAREDES RENTERIA VILMA JENNIFER	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15201	VILLALOBOS HERNANDEZ LEON RODRIGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15202	FERNANDEZ CARO SUSANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15203	DELGADO GONZALEZ RENE	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15204	DOMINGUEZ GONZALEZ MICHAEL ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15205	MELENDEZ ISLAS MICHEL DALLANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15206	MELENDEZ BORUNDA SUSANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15207	PEREZ . MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15208	SOLORIO GUTIERREZ SUSANA ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15209	LOYA SALAZAR MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15210	ARAGONEZ MENDOZA MICHELLE ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15211	MORALES SILVA KEVIN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15212	QUEZADA FLORES GRIZEL ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15213	MORENO CARO MICHELLE ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15214	GUZMAN JUAREZ MARIA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15215	LOZOYA HERNANDEZ MICHELLE GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15216	COBOS GONZALEZ MICHELLE HAYDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15217	MANRIQUEZ OLIVAS MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15218	BANDA HURTADO ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15219	TORRES HERRERA MICHELLE JOCELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15220	RODRIGUEZ HERNANDEZ MICHELLE VIANNEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15221	CASAS VILLALOBOS MIGUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15222	QUINTANA MONTAÑO MIGUEL ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15223	HERNANDEZ TORRES MIGUEL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15224	RODRIGUEZ RODRIGUEZ SUSANA AYLIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15225	LOPEZ LICON SYLVIA YARETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15226	AMPARAN HUERTA ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15227	NAJERA ROJAS MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15228	VELOZ SOLIS JUAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15229	SALVIDREZ CANO TAIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15230	MARTINEZ VEGA AMELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15231	QUINTANA PUCHI MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15232	JACOBO GUTIERREZ MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15233	RUIZ LOERA MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15234	SANCHEZ ESPINOZA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15235	BORUNDA LUNA MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15236	MOLINA MEZA MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15237	MARTINEZ CALVILLO ROSA ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15238	PRIETO GRAJEDA MIGUEL FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15239	VALENZUELA SAENZ VALERIA LILIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15240	ALVAREZ PRIETO KARLA DEVANNY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15241	URBINA ESCOBAR NORA DIVELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15242	MOLINA GOYTIA SERGIO OTHONIEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15243	MENDEZ LABRADO JOSUE MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15244	BURILLO AGUIRRE MIGUEL OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15245	CASTILLO RUIZ ALEXIA SELENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15246	CALDERON RODRIGUEZ MIGUEL TEODORO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15247	GARCIA SEGURA TAIRY JAQUELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15248	MELLENDEZ LOPEZ TAMARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15249	RIVAS VILLEZCAS JUAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15250	CORREA VAZQUEZ MILDRED THAIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15251	MARMOLEJO ARMENDARIZ MIRANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15252	GUZMAN HIDALGO MIREYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15253	DE LEON LOZOYA MIRIAM DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15254	VARA BURCIAGA MIRIAM EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15255	VALDEZ PONCE MISSAEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15256	CUEVAS MARTINEZ MITZY ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15257	NATIVIDAD SANCHEZ PERLA JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15258	QUEZADA GONZALEZ MITZY CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15259	GARCIA GANDARA MIYUKI AIKO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15260	GUERRERO GONZALEZ TAMARA LIZALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15261	BASURTO CAMPOS MOISES OBED	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15262	GAYTAN GARCIA ADRIAN FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15263	GERMES VILLALOBOS RODRIGO ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15264	CHACON MORALES OSSIE RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15265	CANDIA BAILON ANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15266	VALENZUELA HOLGUIN TAMARA SAMIR	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15267	PONCE SOLORIO TANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15268	GONZALEZ MALDONADO WENDY KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15269	TENA ALCANTAR TANIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15270	GONZALEZ GARCIA JOSE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15271	DOMINGUEZ LOYA TANIA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15272	VALENZUELA MARQUEZ MONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15273	PUEBLA PORRAS WENDY ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15274	FERNANDEZ ROLDAN CESAR ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15275	GONZALEZ PIÑÓN MONICA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15276	MARTINEZ MEDINA MONICA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15277	PAZ DE LEON MONICA ILEANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15278	SOLIS LARA TANIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15279	VAZQUEZ RUIZ MONICA IVETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15280	GUTIERREZ RENTERIA ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15281	HERNANDEZ BELTRAN ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15282	RUIZ MANRIQUEZ TANIA JAQUELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15283	ARREOLA PARADA WENDY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15284	LLANAS AVILA EDGAR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15285	AVILES CHACON CESAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15286	DE LA ROSA HERRERA DIANA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS			Coberturas y sumas aseguradas							
Número de Asegurado certificado	Nombre	Edad Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15287	BERNAL SALAMANCA TANIA LIZETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15288	ALBA BELTRAN LUISA FERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15289	DOMINGUEZ DE LA CRUZ REBECA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15290	SAENZ HERRERA MONTSERRAT	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15291	MEIXUEIRO ESPARZA MYRNA ALICIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15292	SOTO GUTIERREZ RUBEN	40 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15293	ESTRADA RICO TANIA MARIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15294	NUÑEZ GODOY ANA PAULA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15295	CHACON ZAPATA WENDY MICHELL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15296	ZAVALA MORALES KAREN VANESSA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15297	RUIZ ESTRADA XIMENA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15298	TORRES ARMENDARIZ ALAN MAURICIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15299	ORTIZ PEREZ TANIA NAOMI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15300	ARIAS ORTEGA TANIA SARAHI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15301	VALVERDE OLIVAS DIEGO ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15302	ALVAREZ AGUIRRE KATYA GISSEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15303	PARRA ALANIS RAMIRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15304	IBAVEN ANDUJO LEONARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15305	CARDENAS SAMANIEGO WENDY MICHELLE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15306	MUÑOZ VARGAS ANDRIK MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15307	BETETA CARRASCO VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15308	ALVARADO TORRES MIGUEL ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15309	ARREDONDO LEDEZMA CRISTY LISSETE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15310	AGUIRRE PALMA WENDY PALOMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15311	RODRIGUEZ AMPARAN WILBER RONALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15312	CARRILLO KURY YAISA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15313	VELASCO HOLGUIN AIME GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15314	ARMENDARIZ QUEZADA NADIA PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15315	BLANCO TORRES TANIA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15316	ZAIZAN SIFUENTES NADIM ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15317	OROZCO MARTINEZ PAOLA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15318	LUEVANO CABRERA WENDY VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15319	GAYTAN GONZALEZ SEBASTIAN LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15320	LUNA LUNA MARIEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15321	MORALES JACQUEZ NADYA CRYSELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15322	PAREDES PUENTE ESTRELLA XIOMARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15323	BATISTA DELGADO FERNANDO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15324	NAVARRO DOMINGUEZ NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15325	PRIETO HERMOSILLO NAHOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15326	ENRIQUEZ SALDIVAR LAURA REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15327	NEVAREZ FRIAS TANIA SELENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15328	MARTINEZ MENDEZ NAHOMI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15329	TALAMANTES GARCIA FATIMA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15330	ZERMEÑO HERNANDEZ ADRIANA JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15331	OAXACA GUTIERREZ NAHOMI ANABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15332	ROMERO MOLINAR TANIA YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15333	LUGO ESPINO JESSICA XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15334	OLIVAS CABRERA NAHOMI AYLIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15335	PIÑON ANDRADE XAVIER ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15336	FLORES MORALES NAHOMY ESTHER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15337	RUVALCABA MARISCAL LUIS GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15338	REY CAZARES TANYA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15339	RODRIGUEZ NAVA NAHUM ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15340	RIVERA TORRES EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15341	MEZA GUTIERREZ LUIS RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15342	GONZALEZ QUINTERO NAIRA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15343	SANCHEZ MARTINEZ TANYA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15344	VARGAS VARELA NALLELY MICHEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15345	ACOSTA HERNANDEZ NANCY DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15346	RODRIGUEZ MANCINAS NADIA EVELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15347	ARMENDARIZ SAENZ XAVIER JOHAS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15348	SOSA VALDEZ VANESSA ELIZABETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15349	MARQUEZ CARDENAS JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15350	FLORES GONZALEZ SU LIN FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15351	HERFTER LOPEZ JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15352	NUÑEZ CANO TERESITA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15353	TOLEDO MONTES NANCY PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15354	RODRIGUEZ AGUILERA NANCY RUBI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15355	SALINAS GONZALEZ NAOMI ZUSSET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15356	HERNANDEZ LUNA ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15357	MIRELES UNZUETA NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15358	MEZA CAMARILLO WILLIAM ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15359	ALARCON QUEZADA RODRIGO ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15360	ESQUIVEL MENDOZA CRISTOPHER EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15361	IRIGOYEN GINER NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15362	MANZANO RIOS NATALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15363	GUZMAN MILLAN NATALIA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15364	SANTANA DEL PUERTO XIMENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15365	MACIAS ESTRADA KAREN PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15366	ORNELAS AGUILERA TERESITA DE JESUS ARIADNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15367	LOERA MATA THANIA MAYTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15368	CAMAL SAGARNAGA WILLIAMS RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15369	COVARRUBIAS LARGUERO THANIA NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15370	PEREZ ESTAVILLO THAYRA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15371	GONZALEZ LOYA NATALIA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15372	VEGA OLIVAS NATALIA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15373	MORONES CHAVEZ THELMA ZUCETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15374	CARREON LEAL DENISSE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15375	SANCHEZ RUVALCABA THEO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15376	AMADO PALOMINO THIFANY JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15377	SILLAS TREJO CARLOS UBALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15378	SOTO MONREAL XADANI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15379	VAZQUEZ CALDERA TIARA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15380	PINEDA SAENZ WILBERTO IGNACIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15381	ARMENDARIZ LEDEZMA XITLALY ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15382	GUTIERREZ ESCARCEGA LEYDI YUSALETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15383	GUZMAN ESPARZA JARED SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15384	VALDIVIA ARMENDARIZ XAVIER EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15385	ORTIZ ALMANZA CARLOS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15386	RAMIREZ ACOSTA TIFFANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15387	CARREON . TIFFANY JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15388	CARALAMPIO DEVORA BRAYAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15389	PONCE PEREZ RUBI ABILENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15390	SOTO LOYA SAYURI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15391	LOPEZ ACOSTA TRAYCE MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15392	LOPEZ RODRIGUEZ NATALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15393	DE LA PEÑA CARAVEO NAYDIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15394	MOYA BURROLA ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15395	BARRON RODRIGUEZ NAYIRA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15396	ROMERO PEREZ ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15397	GARCIA LUNA OLIVER ALDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15398	DOMINGUEZ RODRIGUEZ JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15399	GARDEA RUVALCABA NEREIDA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15400	MARTINEZ VALLES ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15401	PEREZ JIMENEZ NERY ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15402	NAVA GOMEZ NESTOR IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15403	GONZALEZ ZUÑIGA ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15404	BARRON BALDERRAMA STEPHANIE LOURDES	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15405	RODRIGUEZ SILVA NICOL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15406	DE SANTIAGO ARMENDARIZ THANIA MARGARITA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15407	ESTEVANE RASCON ANA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15408	TALAMANTES SANCHEZ URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15409	BALDERRAMA LOYA NICOLAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15410	CORDOVA TORRES NICOLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15411	OCHOA GONZALEZ EDSON ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15412	ANAYA ACOSTA DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15413	CAMPOS CADENA ANAI LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15414	VENZOR SALCIDO NICOLE ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15415	PEREYRA VAZQUEZ GENARO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15416	RIVERA SOLTERO DANTE ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15417	GRIJALVA DE LA GARZA XOCHITL AYALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15418	GUZMAN VAZQUEZ NICOLL FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15419	HERNANDEZ RAMIREZ NICOLLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15420	JAUREGUI CHAVEZ NINO GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15421	RAMIREZ SOLIS URIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15422	RAMIREZ RODRIGUEZ URIEL GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15423	RAMOS RAMOS NOE SALVADOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15424	CISNEROS GUEVARA SERGIO ARTURO	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15425	RIVERA TREVIZO NOEL ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15426	SALAZAR MOLINA KARLA LILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15427	CASALE BUSTILLOS NOEMI LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15428	QUINTANA ARROYO PEDRO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15429	CANO DEL VILLAR ESTEFANI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15430	VARGAS CUEVAS NORMA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15431	LOPEZ MONGE ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15432	GUTIERREZ PALMA XAVIER IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15433	MONTAÑEZ PEREZ IRVING	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15434	VILLALOBOS PORRAS MARIA DE JESUS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15435	HERNANDEZ MORALES NORMA PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15436	NUÑEZ NAVARRETE NUVIA YARELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15437	ESPINOZA ALVAREZ YADIRA ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15438	ARMENDARIZ CASTAÑEDA OBED CALEB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15439	GONZALEZ AMATHON XAVIER OSMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15440	RODRIGUEZ ARMENDARIZ DIANA BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15441	RODRIGUEZ CASTAÑEDA URSULA COSIMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15442	GOMEZ GALLEGOS VICTOR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15443	LOYA MARQUEZ VALENTIN EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15444	SALCIDO SANTINI OCTAVIO ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15445	GARCIA MONTELONGO ODALYS ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15446	ALVIDREZ SOTELO ODY ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15447	PEREZ CHAVIRA VALENTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15448	HERNANDEZ REYES OFELIA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15449	SAENZ NIETO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15450	PAYAN NOGUEIRA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15451	MARTINEZ GONZALEZ OLGA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15452	QUIJANO RODRIGUEZ JULIAN ERNESTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15453	BAEZA GARCIA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15454	SALOMON JAQUEZ VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15455	DE LA ROCHA RAMIREZ OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15456	GUTIERREZ LYNCET OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15457	MORENO NAVARRETE SAHIAN DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15458	HERNANDEZ TELLO OMAR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15459	MARTINEZ MANZANO ZYANYA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15460	MARTINEZ MARQUEZ OMAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15461	FLORES DIAZ DIANA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15462	PANDO ESPARZA OMAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15463	ACOSTA TERRAZAS ISMAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15464	BETANCOURT CORRAL VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15465	FLORES RIOS OMAR ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15466	VALENZUELA GARCIA CRISELY AIDEE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15467	VALENZUELA ORNELAS KARLA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15468	BURCIAGA RODRIGUEZ EDGAR JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15469	PARRA CASTAÑON OMAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15470	OLIVAS LOZOYA DAVID NEFTALI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15471	MARTINEZ DE LAS CASAS VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15472	GUERRERO SALAZAR VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15473	GARCIA GONZALEZ MICHEL ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15474	CAMPOS PERALTA KARLA RUBY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15475	CHAVEZ NUÑEZ MIGUEL OSCAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15476	AGUIRRE HERNANDEZ VANNELY IRIDIAN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15477	CHACON GAVIRA OMAR YAHIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15478	MENDOZA CASTILLO VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15479	DELGADO MARTINEZ ORIEL ELIUTH	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15480	LUCERO CHAPARRO ORLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15481	CARAVEO CASTILLO OSCAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15482	VEGA ALVAREZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15483	CHAPARRO GAMEZ DANIELA YARAZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15484	ROMERO RENTERIA EFREN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15485	NUÑEZ MONTES OSCAR ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia			Coberturas y sumas aseguradas					
				Día	Mes	Año	Seguro	Accidentes	Enfermedades	Salud	Accidental	
15486	HERNANDEZ MERAZ VANESSA MICHELLE	20	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15487	MEDRANO LECHUGA OSCAR ALEJANDRO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15488	URBINA PEREZ XIMENA	19	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15489	PORTILLO HERRERA OSCAR ALEJANDRO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15490	RUBIO AMPARAN OSCAR ARMANDO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15491	GARCIA SOLIS AMANDA GUADALUPE	19	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15492	MAYOR MORALES EMILIO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15493	ALTAMIRANO NAVA JESUS FERNANDO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15494	RUBIO RODRIGUEZ CARLOS EDUARDO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15495	OLIVAS LEYVA JOEL	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15496	MOLINA DELGADO OSCAR HUMBERTO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15497	JIMENEZ LOYA KARLA ANDREA	19	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15498	REYES FIGUEROA ADRIANA JACQUELINE	20	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15499	VALENZUELA MIRANDA VALERIA	21	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15500	MONTION HERNANDEZ OSWALDO	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15501	RIVAS GUTIERREZ OTHONIEL	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15502	RIOS FLORES PABLO DAVID	20	M	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15503	VALDEZ AGUIRRE NADIA CAROLINA	19	F	30/09/2021			50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15504	QUINTANA MUÑOZ ADILENNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15505	DOMINGUEZ MAGALLANES VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15506	HERRERA GONZALEZ DANIEL ORLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15507	RASCON ACEBO PABLO ESTEBAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15508	LOYA BURCIAGA JENNIFER	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15509	QUINTANA PALMA PALOMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15510	CHACON UGARTE PALOMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15511	RIOS ROSENGRANT BRYAN FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15512	HERNANDEZ RAMOS VICTOR ISMAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15513	LOPEZ GUILLLEN DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15514	FLORES MARTINEZ LUIS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15515	FERNANDEZ PEREZ PALOMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15516	BONILLA VARGAS VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15517	AVALOS MARTINEZ KENIA AZARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15518	SAENZ VILLALOBOS DAFNE YUKARI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15519	BRUNO PEREZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15520	ACEVES AGUIRRE VIRGINIA GUADALUPE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15521	TAVAREZ CHACON DIANA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15522	SAGARNAGA LARA MARIA AZUCENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15523	JARAMILLO AGUIRRE PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15524	ALEMAN ZAMARRON PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15525	ORDOÑEZ ESTRADA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15526	GRIJALVA CINCO VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15527	FRANCO CHAMBERS MARIEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15528	RUIZ RODRIGUEZ VIBIANA JANETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15529	RODRIGUEZ SANTOS GILBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15530	LICON MORALES WILBOUR IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15531	LEGASPY SANDOVAL YAEL ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15532	LOPEZ ISAIS YAHAIRA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15533	BARRAZA CRUZ PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15534	MUÑIZ RODRIGUEZ PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15535	PRIETO MENDOZA NATHALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15536	DOMINGUEZ LOPEZ PAOLA ALESANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15537	RODRIGUEZ ARRIOLA EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15538	PEREZ URANGA PAOLA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15539	SOTO FLORES VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15540	AYUP HERNANDEZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15541	ACOSTA PALMA WILHELM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15542	ESPINOZA ZUBIA FRANCISCO ISAIAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15543	OZAETA PIMENTEL VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15544	ALMEIDA SUAREZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15545	VALERIO GUTIERREZ JAHIR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15546	SOTO SOTO VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15547	CHAVEZ ORTEGA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15548	DUARTE PEREZ VERONICA VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15549	RICO AGUIRRE VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15550	ZAMORA ROBLES WENDY EDITH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15551	DELGADO LEOS VICTOR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15552	ROMAN MADRID PAOLA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15553	LARA DOMINGUEZ MISAEL WENCESLAO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15554	MARTINEZ RODRIGUEZ ERIKA JANELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15555	CARDENAS ROSALES PAOLA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15556	HOLGUIN CARO PAOLA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15557	GARCIA VASQUEZ PAOLA NAOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15558	BENCOMO RODRIGUEZ WILLIAM ARTURO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15559	OLIVAS OCHOA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15560	PORTILLO IBARRA KATIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15561	GARCIA NUÑEZ LISS MARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15562	BARRAZA VALENZUELA EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15563	GONZALEZ MORENO PAOLA SHECCID	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15564	RODARTE TARIN VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15565	TREJO CARRILLO JUDITH ROSARIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15566	MUÑOZ PEREZ DAVID ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15567	AGUILERA MATIAS PAOLA YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15568	GUTIERREZ CARRILLO PATRICK JORDDY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15569	ORTEGA HINOJOSA SOFIA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15570	GALINDO CARMONA EIMMY VANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15571	OLIVAREZ PARRA DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15572	DEISTER YAÑEZ STEFFI ANNETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15573	SILVA DIAZ JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15574	BORJA SEÑEZ DAVID ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15575	ESPINO CHAPARRO DANIELA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15576	GUEVARA SIGALA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15577	MEDINA DEL VAL PAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15578	ARENAS POSADA PAULA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15579	CENICEROS NATIVIDAD VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15580	ESTRADA SOTELO XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15581	SANCHEZARMAS RODRIGUEZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15582	CEBALLOS GAMEZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15583	ESTRADA PONCE KATIA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15584	CORDERO NAVARRO XIMENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15585	NEVAREZ SANCHEZ GABRIEL ELOY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15586	VARELA QUEZADA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15587	DUARTE JACQUEZ GALILEA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15588	FAUDO RODRIGUEZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15589	GONZALEZ NEVAREZ XIMENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15590	VASQUEZ CABRERA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15591	BARRANDEY ZAMBRANO PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15592	CORDOVA TREJO PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15593	FLORES OLSON PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15594	VILLALOBOS RODRIGUEZ WENDY PATRICIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15595	VARELA VARGAS PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15596	GONZALEZ HERNANDEZ ANDREA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15597	VILLASECA CIENFUEGOS MADAI NAJARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15598	TRUJILLO GARCIA KARIME FERNANDA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15599	CABALLERO HERNANDEZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15600	GARCIA PALMA XIMENA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15601	MARQUEZ VALENZUELA PAULINA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15602	MERAZ MELENDEZ CITLALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15603	CARPIO GOMEZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15604	TORRES CHAVEZ PAULINA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15605	TERRAZAS VAZQUEZ XIMENA PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15606	SANCHEZ NUÑEZ ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15607	PAYAN CARRILLO ANA EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15608	HERNANDEZ VIGIL BRYAN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15609	LOPEZ JARAMILLO YAHEL ALFONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15610	BUSTILLOS GRANADOS LESLIE JACKELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15611	SARMIENTO CERECERES MARTIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15612	GUTIERREZ ECHEVARRIA YAREL MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15613	MOLINA DELGADILLO PAULINA JANET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15614	LUGO GONZALEZ YAIRANA MORELIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15615	SANCHEZ TADEO LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15616	MONTES SALAS PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15617	VEGA VAZQUEZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15618	HERNANDEZ GALLEGOS ROBERTO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15619	CARDENAS PIÑA KEVIN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15620	SANCHEZ NUÑEZ JANETH GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15621	NAVARRETE LIMAS VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15622	SALAI TREJO CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15623	CONTRERAS HERNANDEZ TANIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15624	OCHOA SIFUENTES VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15625	PIZAÑA SANCHEZ FRANK	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15626	GOMEZ SANCHEZ PAULINA TERESITA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15627	MORENO BURGOS LESLIE VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15628	ANAYA RIOS PAULINA VIANNEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15629	VILLALBA TARANGO YAJAIRA AHTZIRI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15630	URITA LUJAN PAULINA YITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15631	GALICIA QUINTERO YADED AKETZALI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15632	CARRILLO TSUYI ICHIRO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15633	RIOS GUTIERREZ SAUL ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15634	MUÑOZ BALDERRAMA PAULO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15635	DOMINGUEZ RUBIO BLANCA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15636	VALENCIA MIRANDA KARLA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15637	GALLEGOS HERNANDEZ VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15638	CARRILLO MENDEZ RUBEN DE JESUS	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15639	GONZALEZ LUCERO PAVEL MISSAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15640	RIVAS GALVEZ PEDRO ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15641	MENDOZA FLORES PEDRO EMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15642	ORPINEL FUENTES VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15643	CAMACHO ARTEAGA PEDRO JOAQUIN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15644	LOPEZ ACEVEDO PEDRO LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15645	DIAZ LUNA PERLA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15646	PARRILLA ZAPATA JESUS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15647	RODRIGUEZ PAZOS PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15648	RODRIGUEZ ROBLES ARELY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15649	ARTEAGA HUERTA IKER GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15650	GARCIA ARIAS PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15651	NAJERA ENRIQUEZ PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15652	QUEZADA RUBIO PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15653	FLORES VALENCIA ALEJANDRA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15654	CASTILLO VENZOR PRISCILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15655	ALMEIDA SOTO VALERIA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15656	REYES ONTIVEROS PRISCILA ANAHY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15657	GOMEZ PUENTE PRISCILA SUSANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15658	FLORES RODRIGUEZ REYNA	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15659	RODRIGUEZ MADRID VALERIA ARAKAWY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15660	SAUCEDA AIZPURO VALERIA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15661	LARA BALDERRAMA LUIS ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15662	NIÑO DAVILA RACHEL MASSAY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15663	VALLES PAREDES YADEL TERESA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15664	FERNANDEZ FLORES RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15665	FLORES MENDOZA MANUEL GIOVANNI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15666	REYES SANTIAGO VALERIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15667	ROMAN GARCIA RAFAEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15668	SALAZAR ENRIQUEZ VICTOR MOAHATMA	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15669	FLORES CARDOZA DAVID LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15670	DOMINGUEZ DOMINGUEZ YADIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15671	GOMEZ LEDEZMA VALERIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15672	ACOSTA ROMERO VALERIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15673	CARRILLO HIDALGO RAMIRO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15674	ONTIVEROS RUIZ DIEGO AARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15675	ORTIZ LEYVA RAMON ALEJANDRC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15676	CERVANTES CABRERA ARACELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15677	FAVELA QUINTANA VALERIA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15678	MARQUEZ REZA VALERIA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15679	CHACON RIVERA VALERIA LUCIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15680	GARCIA MOLINA ANGIE LINETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15681	MARES RUIZ ROCIO ANGELICA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15682	ALVAREZ NUÑEZ RAMON CALEB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15683	VILLA LAGOS RAMON DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15684	HERNANDEZ CHAVIRA YAMEL MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15685	ORDOÑEZ VERDUGO MARIA DEL CARMEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15686	LUGO PEREZ RANDY FABIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15687	SOTELO PARRA RAUDEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15688	PEREZ ARMENDARIZ VALERIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15689	RAYOS RAMIREZ JENNIFER PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15690	VILLALOBOS CRUZ RAUL ABIGAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15691	CASTILLO SERNA RAUL ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15692	FONSECA BARRAZA RAYMUNDO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15693	ESTRADA CAMARGO EDGAR ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15694	CARO MANRIQUEZ REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15695	ADAME QUEZADA VICTOR ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15696	PAYAN VELAZQUEZ REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15697	GONZALEZ ESPINOZA JORGE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15698	CRUZ MENDOZA EDGAR BENITO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15699	SALVADOR CHAVEZ YAMIL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15700	HUEREQUE ARMENTA YAMILE GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15701	BAEZ ARROYO REBECA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15702	OGAS III . THOMAS NAJERA	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15703	DE SANTIAGO SALCIDO ELISA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15704	MORALES CHAVEZ MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15705	ARREOLA MUÑOZ YADIRA JOCELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15706	HERNANDEZ DOMINGUEZ REBECA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15707	RODRIGUEZ ALVARADO DAYANARA ARISVETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15708	CRUZ MORALES VALERIA MICHEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15709	COTA GAYTAN JESUS ALEXANDER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15710	AGUIRRE OVALLE YAEL ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15711	ESCOBAR ESTRADA RODRIGO EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15712	BURROLA ATIENZO PAOLA KARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15713	RODRIGUEZ OVALLE Yael EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15714	SOSA CHAVEZ REGINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15715	ACOSTA DIAZ CLARISA IVON	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15716	MENDOZA LOYA YAMILE MICHEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15717	DELGADO ALANIS RENATA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15718	RAMIREZ RODRIGUEZ JORDY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15719	BELTRAN FONTES YEIMI GISELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15720	LUVIANO OCHOA RENATO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15721	VALENZUELA PADILLA RENE ULISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15722	LECHUGA CARRIZALES VALERIA NAIDELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15723	MONARREZ GARCIA XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15724	JAIDAR VELAZCO VALERIA OLU	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15725	JUAREZ MAGALLANES VALERIA SAHORY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15726	GRADO MELENDEZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15727	FIERRO MARQUEZ REY DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15728	GUADERRAMA ANCHONDO REYNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15729	PALLARES TORRES JAQUELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15730	BAILON VALENCIA RICARDO	48	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15731	DELGADO OSORIO REYNA DENNIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15732	OROZCO SANCHEZ CARLOS ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15733	ROJAS CAMPOS VALERIA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15734	RAMIREZ GONZALEZ REYNA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15735	BANDERAS MENDEZ YOIS ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15736	MARIÑELARENA CARMONA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15737	FLORES OLIVAS JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15738	NAVARRO PEREZ STEPHANIE ARACELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15739	PEREZ RIOS DALILA ELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15740	TSOKANIS CONTRERAS JUAN ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15741	OROZCO GRANILLO DANIELA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15742	BALLESTEROS GARCIA VALERIA YAELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15743	FONTES GARCIA REYNA MARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15744	HERMOSILLO MOLINA REYNA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15745	PEÑA RIVERA JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15746	GONZALEZ GONZALEZ REYNA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15747	FLORES RODRIGUEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15748	CULEBRO OLIVAS YAMINA OSMARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15749	FRANCO FLORES RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15750	SANCHEZ CANO VALERIA YISSEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15751	BARRIGA SAENZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15752	TREVIÑO MEJIA BORJA RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15753	BUSTILLOS VALDEZ DIEGO YAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15754	VENEGAS ARIAS VICTOR ADRIAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15755	ERIVES ESPINO VALERIA YOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15756	MANJARREZ PEÑALOZA VALERIE YAMILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15757	COMADURAN TERRONES RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15758	GONZALEZ LOPEZ ANGEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15759	TORRES RODRIGUEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15760	ARMENDARIZ VILLALOBOS ZAHRA KENNIZE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15761	DIAZ MARTINEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15762	GRAJEDA PIÑA VANELY ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15763	RUBIRA GONZALEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15764	ALVIDREZ PEREDA RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15765	VENEGAS FLORES RICARDO ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15766	ZAPATA PORRAS YAHAIRA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15767	CHAVEZ LOYA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15768	CASTILLO HIGUERA RICARDO ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15769	OROZCO SILVADORAY RICARDO EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15770	MENDOZA SAENZ YAILIN VIVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15771	MARQUEZ BRIBIESCA JUAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15772	VARGAS RIOS ANDRES ALEXANDER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15773	CARO TORRES AYLEN VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15774	SALAS MENDOZA ROCIO ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15775	VELAZQUEZ MARTINEZ YAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15776	CHAVEZ SALGADO SERGIO JERONIMO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15777	MORITA GALLARDO RICARDO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15778	ANCHONDO ESPINOZA YAIR ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15779	CORRAL CHACON ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15780	BOCANEGRA MONARREZ ARIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15781	PONCE MARTINEZ VANESA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15782	GARZA ANAYA YARA CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15783	MONTOYA MELENDEZ YAIR ROGELIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15784	CAMACHO HERNANDEZ SONIA GUADALUPE	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
15785	GURROLA LOPEZ VANESA MARISELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15786	FLORES DOMINGUEZ MILDRED	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15787	AGUIRRE TALAMANTES ROBERTO EDUARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15788	CHAVEZ CANO FLORENCIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15789	MONTES CHAVEZ ROCIO ELIZABETH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15790	TORRES JACOBO VALERIA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15791	LARA CARDONA VANESA PAOLA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15792	PRIETO MENESES VANESSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15793	DOMINGUEZ OLIVAS RUTH DELIA	36 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15794	RASCON OROZCO ROCIO JAQUELINE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15795	BORUNDA DURAN MARIA EMILIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15796	HUERTA MELENDEZ YAJAHIRA PATRICIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15797	GRADO SANCHEZ RODRIGO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15798	CASTAÑEDA SIGALA ROGELIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15799	MARTINEZ RAMOS VANESSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15800	MENDOZA GONZALEZ ROGELIO ERNESTO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15801	LEON PORTILLO VANESSA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15802	GUTIERREZ DOMINGUEZ CAROLINA ITZEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
15803	GANDARA BACA MANUEL ALEJANDRO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15804	MENDOZA PORTILLO VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15805	AMERICANO MANCINAS DULCE ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15806	PALOMAR FLORES MIGUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15807	HERNANDEZ MENDOZA ROMAN ARMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15808	ACOSTA CORRAL VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15809	VALENCIA PEÑA ROSA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15810	PERAZA CARMONA JOCELYN ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15811	BUSTILLOS TALAMANTES ANTONIA JURUBI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15812	CASTILLO GARCIA JESUS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15813	REY GARCIA YAJAIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15814	HINOJOSA CHAVEZ OCTAVIO RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15815	DOMINGUEZ ESTRADA YARED ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15816	BURGOS PARRA SAMUEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15817	MARTINEZ VIDAL CARLOS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15818	LOPEZ GONZALEZ VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15819	HERNANDEZ RUBIO VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15820	ESTRADA HERRERA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15821	ESTRADA AGUILAR LUIS ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15822	DOMINGUEZ ARREDONDO ROCIO	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15823	HOLGUIN GONZALEZ ROSA MARIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15824	RODRIGUEZ CASTAÑEDA ROSALBA MARIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15825	GALLEGOS HERNANDEZ DANIELA COSETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15826	QUINTANA ARROYO VILMA IVONNE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15827	LOYA TARANGO ROSALVA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15828	TREVIZO HERNANDEZ ROXANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15829	ARRIETA RANGEL ANA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15830	AMADOR ARTEAGA OMAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15831	LAM TARIN MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15832	RODRIGUEZ HERNANDEZ ROXANA JAHAZIEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15833	ZAPATA DELGADO VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15834	ALARCON DUARTE RUBEN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15835	PICHARRA OROZCO YUSSET SINAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15836	PONCE OLIVAS ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15837	RUBIO PALMA RUBEN DARIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15838	ERIVES LUJAN RUBI ANNETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15839	DOMINGUEZ HERNANDEZ VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15840	CASTILLO MELENDEZ VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15841	PRIETO TREJO YARESBI GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15842	AGUILERA GAMBOA VANESSA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15843	PRADO AVILA SAID RAFAEL	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15844	HERNANDEZ JARA MELANIE LEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15845	FLORES ROSALES VANESSA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15846	RAMOS RODRIGUEZ VANESSA IDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15847	VILLALOBOS CARO ERICK RAMON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15848	SAENZ CANO VANESSA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15849	GARCIA DURAN VANESSA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15850	COVARRUBIAS LEON VIRGINIA SARAHI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15851	MARQUEZ ONTIVEROS RUTH MINERVA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15852	ZERMEÑO PINEDA SABINA ITALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15853	VENZOR AMPARAN VANESSA JOHMARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15854	GARCIA ACOSTA YAHIR GIOVANNI	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15855	RUIZ ENRIQUEZ EVER EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15856	RAMOS CASTILLO YAMEL SARAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15857	VALENZUELA PIZARRO OBED SINHUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15858	ROMERO HERNANDEZ ALONDRA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15859	RAMIREZ RODRIGUEZ VANESSA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15860	REYES TINOCO SABRINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15861	ORTEGA CONTRERAS ROSA GEORGINA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15862	RODRIGUEZ GUTIERREZ VALERIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15863	HERRERA FERNANDEZ SELINA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15864	MORENO URBINA SERGIO IGNACIO	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15865	ROMERO FIERRO YADIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15866	CARRILLO BUSTAMANTE SAID ANDRE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15867	HEREDIA QUIÑONEZ VANESSA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15868	GALARZA MONARES LUIS GUILLERMO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15869	CARDENAS ESPINOZA DANIELA ODALYS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15870	LARA MONTROYA SAIRA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15871	LECHUGA GARCIA SAUL ALBERTO	49	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15872	FAVELA HINOJOS VANESSA YOSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15873	JURADO CLIFT JULIA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15874	GARCIA SAGARNAGA VANIA BELINDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15875	LOPEZ GONZALEZ SUEY ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15876	RIOS ORDOÑEZ YAMEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15877	GARCIA ACOSTA RAUL HUMBERTO	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15878	HERNANDEZ RIOS SALEM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15879	GUZMAN WEBER VANIA VERONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15880	LOYA ERIVES BARBARA ARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15881	CHAVIRA GOMEZ FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15882	BALTAZAR FRANCO SALMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15883	MUÑOZ CARDENAS REGINA VENYGVE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15884	GONZALEZ PORTILLO SUSANA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15885	BLANCO JACQUEZ LINDA YOVEG	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15886	FLORES GUTIERREZ RENATA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15887	NAJERA CORDOVA SAMUEL RENE	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15888	BALAGUER ALATORRE SEYELI GUADALUPE	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15889	DELGADO HERNANDEZ RENE MANUEL	51	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15890	DELGADO ANDRADE VALERIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15891	MONGE MENDOZA VALERIA ABIGAIL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15892	RAMIREZ BARRON SILVIA MARIA	41	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15893	MONTES SIERRA VALERIA AIDE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15894	LEOS RAMIREZ YANIRA YESSENIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15895	MEIXUEIRO HERNANDEZ ROBERTO	56	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15896	SEÑEZ ORTEGA JUAN PABLO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
15897	GUTIERREZ RODRIGUEZ VEIDA VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15898	AVIÑA DE SANTIAGO YANIRI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15899	BANDA GALVAN SONIA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15900	LOZANO MUÑOZ VALERIA ANDREA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15901	BRIONES PEREZ YAMILETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15902	ACOSTA GOMEZ SALMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15903	BELTRAN MORENO TANIA IVETH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15904	RODRIGUEZ CASTRO YARA MELINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15905	CHAVEZ VELAZQUEZ RODRIGO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15906	JAQUEZ NUÑEZ SALMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15907	ARENAS MEZA DANIEL ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15908	DE LA GARZA DE LA ROSA SALMA JUDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15909	CHACON ZAMORA SALMA MARIELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15910	AGUIÑAGA VILLA ROLANDO ISSAC	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15911	RENOVA LOPEZ MARISELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15912	DIAZ LARRETA VELIA KASSANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15913	OROZCO RIOS YARETH ALEXIS	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15914	BILBAO PORRAS SALMA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15915	VAZQUEZ MENDOZA SALVADOR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15916	CASTILLO GOMEZ SANDRA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15917	GONZALEZ GUZMAN VENUS ALANIS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15918	GUEREQUE GRANADOS SAMANTA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15919	VASQUEZ ARZAGA YAMIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15920	GONZALEZ SAYAS SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15921	ESTRADA PALOMINO YARLIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15922	BENITEZ GARCIA ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15923	OCHOA GONZALEZ VENUS JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15924	ARELLANO ALVAREZ ROGELIO	53	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15925	RIVAS LOYA ROSA MARIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15926	VILLA GONZALEZ WALTER RUBEN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15927	CHACON RAMOS YASID ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15928	GARCIA AGUIRRE SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15929	CHAVEZ MUÑOZ SALVADOR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15930	RIVERA ROSAS SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15931	CANO MARTINEZ YANELY ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15932	MEDINA DIAZ GENESIS JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15933	CONTRERAS CASTILLO SIGIFREDO ALBERTO	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15934	RODRIGUEZ AMADOR VERANIA YARIZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15935	RAMIREZ ENRIQUEZ SILVIA ISELA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
15936	PALOMINO PEREZ YANETH TERESA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15937	MARTINEZ TAGLE YANIRA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15938	PONCE AYALA SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15939	RODRIGUEZ CASTILLO TREICY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15940	VAZQUEZ VILLALOBOS SAMANTHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15941	LOYA LOPEZ AIXA YUNUEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15942	ALVAREZ DURAN YASSIEL VALENTIN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15943	GUTIERREZ CORPUS SONIA ELIA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15944	VALLES DELGADO DAVID ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15945	ANCHONDO PORRAS VERONICA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15946	DORADO MUELA YANIRY AMERICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15947	PEREZ FERNANDEZ VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15948	ARCOS MENDOZA YARA ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15949	SALOMON GONZALEZ VIANEY LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15950	ALCALA NEGRETE SAMANTHA ESTEFANI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15951	VARGAS BAEZ SAMANTHA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15952	HERNANDEZ DURAN SAMANTHA JULEYKA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15953	HERRERA RIVAS JENNY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15954	DE LA ROSA BARRERA VIANEY YARETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15955	MORENO CHAVEZ VIANNEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15956	RODRIGUEZ MARQUEZ JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15957	MARQUEZ TORRES SAMANTHA NATALIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15958	GOMEZ DELGADO YARA CAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15959	RODRIGUEZ GONZALEZ MARYAM HIPATIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15960	MENDOZA PORTILLO VIANNEY ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15961	GAMEZ ESCUDERO ARIDAHI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15962	JAQUEZ FIMBRES NOAH MAXIMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15963	ALGRAVEZ ESPINOZA SARHAY	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15964	FARAH RODRIGUEZ YAZID ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15965	PEREZ RUIZ GUILLERMO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15966	CARO VILLALOBOS LLORELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15967	LUJAN DURAN VICENTE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15968	MANCINAS CAMACHO SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15969	CANO MUÑOZ LUIS MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15970	MARTINEZ ROBLES VICENTE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15971	BRAVO DIAZ ROSANIO	55	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15972	TREJO HERNANDEZ YATLHY KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15973	GUIGON PALACIOS VICENTE ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15974	ARROYO OLIVAS YARA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15975	SEPULVEDA CALVILLO SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15976	DELGADO CERRILLO VICENTE ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15977	CASTILLO TREJO SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15978	RIVERA BACA VICTOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15979	ACOSTA LUCERO VICTOR ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15980	GUTIERREZ NUÑEZ SANDRA ERIKA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15981	MEDINA MENA VICTOR ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15982	GUERRERO ESTRADA SAMUEL DE JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15983	GUERRERO PACHECO LUIS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15984	MARTINEZ PEREZ VICTOR ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15985	ARAIZA LOPEZ VICTOR ARMANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15986	RODRIGUEZ DE LA CRUZ NANCY FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15987	BANDA GARCIA YAZID FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15988	TERAN ALMANZA OMAR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15989	ORTIZ VILLALBA YAZMIN NAIDALY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15990	HERNANDEZ MODESTO YAZMIN YADHIRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15991	MORALES VAZQUEZ YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
15992	MENDEZ ROMO VERONICA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15993	FONTES ESPINO SANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15994	ARMENDARIZ HERNANDEZ SANDRA FABIOLA	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15995	MARTINEZ CORTEZ YAJAHIRA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15996	DIAZ AMAYA VICTOR FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15997	PEÑA OCHOA YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15998	CASTAÑON CARRILLO SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
15999	MIRAMONTES RUIZ VICTOR HUGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16000	MOLINA CHAPARRO ZULMARA NAOMY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16001	DANIELS OLIVAS VICTOR ALEJANDRO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16002	RUBIO MALDONADO VIRIDIANA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16003	RODRIGUEZ LOYA SANDRA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16004	QUIROZ OCHOA YENNI ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16005	DOMINGUEZ AGUILAR SANDRA YATHZELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16006	SAUCEDO LEAL VICTOR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16007	MENDOZA MARTINEZ DALIA YESSICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16008	VARELA ROJAS LIZETH NAARAI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16009	TORRES GONZALEZ VICTOR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16010	MINJARES TARANGO SANTIAGO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16011	WONG SINCO SARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16012	DIAZ GALAVIZ VICTOR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16013	AGUILAR FLORES SARA LOIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16014	ACOSTA VELAZQUEZ VICTOR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16015	OSUNA RIVERA MICHEL GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16016	RAMIREZ ACOSTA VICTOR MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16017	COBOS CARRILLO WENDY DANIELA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16018	RASCON MANNINGS YARA LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16019	RIVERA CEBALLOS YARABI MARGARITA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16020	TREVIÑO BATRES SANDRA LETICIA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16021	MUCHARRAZ TALAMANTES YARAH PAULINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16022	VALENZUELA GARDEA SARA MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16023	GONZALEZ RIOS MAURA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16024	PAYAN CANO SARA YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16025	BARRAGAN GONZALEZ KRYSNA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16026	GONZALEZ VILLALPANDO SARAH EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16027	CHAVEZ MEZA HUGO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16028	AYALA TERRAZAS VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16029	AGUIRRE SALGADO SERGIO ALBERTO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16030	RUIZ HERNANDEZ YERED ABRAHAM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16031	MAYCOTT ACOSTA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16032	MARQUEZ VAZQUEZ YARELY YOLANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16033	LAZO MENDOZA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16034	TERRAZAS SANCHEZ VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16035	LOPEZ VAZQUEZ VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16036	AGUIRRE VALENZUELA ANGELICA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16037	MARISCAL GARCIA SARAH NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16038	OCHOA FONG YAZMIN ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16039	GONZALEZ ALMEDA SARAHY LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16040	RODRIGUEZ MACHUCA VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16041	SIMENTAL UNZUETA ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16042	GUTIERREZ CHAVEZ PERLA NOHEMI	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16043	CARMONA ORTIZ SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16044	HERNANDEZ ACOSTA YAZMIN ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16045	GUERRERO VEGA VICTORIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16046	HERNANDEZ SALAZAR SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16047	CERVANTES MARTINEZ POLETTE SUSANA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16048	ORTEGA BALDERRAMA YARETH ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16049	SANCHEZ LOPEZ VICTORIA EUGENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16050	LOPEZ BURCIAGA YAZMIN LIZBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16051	RABADAN MIRELES VICTORIA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16052	ROBLES DE LA ROSA YERENI AZENNETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16053	GRADO PALACIOS VICTORIA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16054	PRADO MENDOZA VICTORIA ITAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16055	MENA GOMEZ SAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16056	GURROLA BELTRAN SAUL ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16057	JAVALERA CENICEROS SAUL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16058	ALMANZA BENCOMO VICTORIA JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16059	SANCHEZ CARTA YAREXI PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16060	ZUBIA DIAZ SAMANTHA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16061	GRADO DURAN SAUL ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16062	MENDOZA CHAVIRA DULCE JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16063	HERNANDEZ ENRIQUEZ VIELKA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16064	RODRIGUEZ GUTIERREZ SAUL FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16065	VELAZQUEZ MAYO ANDY JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16066	VEGA NAJERA JORGE LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16067	PALACIOS RIVERA VIKTOR HUGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16068	PEÑA FLORES MARITZA MARLENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16069	VIZCAINO TORRES VENECIA MARILEE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16070	HERMOSILLO OLIVARES SAUL ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16071	GONZALEZ HOLGUIN VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16072	CORRAL LOERA SAUL OSWALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16073	GONZALEZ ORTEGA SAYRA JULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16074	TERRAZAS DOMINGUEZ SERGIO IVAN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16075	DUARTE ARMENDARIZ VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16076	GABALDON CHACON ILTZE VANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16077	MORALES SAENZ YARHEM MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16078	GRADO GONZALEZ YAMILE GEORGINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16079	MERAZ MARQUEZ SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16080	ALVAREZ TALAVERA YERIN AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16081	URBINA RICO FERNANDO JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16082	MORALES MERCADO JOSHUA RENE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16083	SAENZ CARRILLO YARIM ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16084	GALLEGOS HERNANDEZ YAUREN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16085	GONZALEZ RODRIGUEZ VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16086	MEZA VAZQUEZ VIVIAN ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16087	ARES RIOS SUSANA BELEN	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16088	VALLES CARRILLO VIVIAN MARLENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16089	SANCHEZ TORRES SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16090	GARDEA MONJE RIKUBI ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16091	MIRANDA CEDEÑO LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16092	RIVERA GRIJALVA ITZEL GEISELLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16093	BECERRA REYES VIVIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16094	VALENCIA GASPAR SAUL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16095	HERNANDEZ AGUIRRE YESENIA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16096	RODRIGUEZ GUERRERO DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16097	CANO RIVAS LAURA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16098	LUNA MUÑOZ YESENIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16099	PALMA BATISTA EFRAIN GUILLERMO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16100	MANRIQUEZ RIVERA VIVIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16101	MORENO RIOS WENDY LILIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16102	CHAVEZ MORALES VIVIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16103	HERNANDEZ CASTAÑEDA VIVIANA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16104	RODRIGUEZ TAPIA SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16105	LAGARDA PONCE SALMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16106	TREJO HERNANDEZ VLADIMIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16107	RAMOS VELARDE VLADIMIR AARON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16108	NAYAREZ MARTINEZ YESENIA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16109	CHONG CONTRERAS WENDY ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16110	GINER LOPEZ ANDRES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16111	RODRIGUEZ AVENDAÑO TERRY ALEXANDER	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16112	ORTEGA NUÑEZ JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16113	ACEVEDO RODRIGUEZ SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16114	DIAZ GONZALEZ YAXAIRA NOHEMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16115	DELGADO MARQUEZ YESENIA YAZMIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
16116	ORTEGA VEGA ANA SOFIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16117	MENDEZ DURAN WENDY DAYANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16118	OTAMENDI LOZOYA SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16119	ORTEGA CAMPOS SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16120	CHACON CASTRUITA YAXKLIN YOMELITH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16121	ALMANZA MURO ALEXA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16122	MOLINA ROMERO SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16123	RAMIREZ GUZMAN WENDY GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16124	VASQUEZ RAMOS SAUL GERARDO	38 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16125	MARMOLEJO NUÑEZ CARLOS RENE	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16126	PEREZ LUNA YAZMIN ADRIANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16127	PEÑA SILVA SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16128	PINZON LOPEZ MARIA DE JESUS	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16129	AVILA GUTIERREZ YAZMIN DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16130	URBINA RAMIREZ WENDY JANETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16131	RAMOS LEON SERGIO	30 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16132	ROBLES AGUIRRE YAZMIN RENEE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16133	SOLANO ERIVES SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16134	MEZA ANDRADE SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16135	MACHADO HERNANDEZ SEBASTIAN	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16136	ZUBIA CHAVEZ ELIER JOSSUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16137	DE LA PEÑA CHAVEZ SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16138	GALLEGOS RIVERA STEPHANIE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16139	ESQUIVEL ALARCON DAYRA STHEPHANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16140	NAVA REYES ARIADNA EDAIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16141	RODRIGUEZ HERNANDEZ CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16142	ZAMARRON SANTOS YDANIA ALESSANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16143	AGUILAR CHAPARRO WENDY RUBY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16144	NORMAND CARDOZA WILLIAM ALAIN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16145	GUERRA HERNANDEZ WENDY SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16146	NEVAREZ ESTUPIÑON SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16147	PARRA RAMIREZ YEIMI RAQUEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16148	OLIVAS HOLGUIN ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16149	MUÑOZ ALONSO SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16150	QUINTANA RIOS YEIMY JAQUELYNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16151	HERNANDEZ UBALLE SEBASTIAN YOSEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16152	HOLGUIN RUIZ OSCAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16153	DE LA ROCHA PROCEL SERGIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16154	ALVAREZ PRIETO WENDY YARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16155	RIOS DIAZ WHESLEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16156	GAMEROS LOPEZ THALIA MARCELA	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16157	MUÑIZ OROZCO SERGIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16158	CARRASCO CARDENAS CRISTIAN GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16159	SIAÑEZ SAENZ YESENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16160	CANTU FONTES JESUS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16161	JAQUEZ GANDARILLA WILIAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16162	LUEVANO CANALES SERGIO ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16163	QUIÑONES GARFIO WILLY ABRAHAM	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16164	DOMINGUEZ RAMOS BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16165	HERRERA MARQUEZ ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16166	PRIETO PEREZ BRANDON MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16167	FIERRO SOTO WILLIAM BRANDON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16168	PEREZ ETCHECHURY SERGIO ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16169	LOPEZ ALARCON YESENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16170	ALCALA DURAN YESENIA VERONICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16171	VALENZUELA PORRAS WILLIAM GABRIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16172	QUIÑONEZ SALAS SERGIO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16173	ALVARADO ZAMORA SERGIO ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16174	CARRILLO MADRID YESENIA IDALI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16175	FLORES GUAJARDO VIVIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16176	MEDRANO MENDOZA SERGIO DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16177	VARELA HERNANDEZ YESIKA IVETTE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16178	NUÑEZ RIOS XAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16179	PORTILLO BEJARANO YESIKA LILIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16180	CHAPARRO MORALES SERGIO FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16181	GRACIA GALLEGOS YESLY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16182	CERENIL BACA SERGIO LEONEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16183	FALOMIR TALAMANTES SORELY	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16184	HERNANDEZ ARZATE XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16185	DOPORTO CALDERON ROCIO GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16186	JIMENEZ CEPEDA RAFAEL	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16187	RAMOS GALICIA YESICA IVETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16188	ALVIDREZ VILLA XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16189	GONZALEZ LEON TANIA ARACELY	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16190	GALLEGOS ANTUNA SERGIO OCTAVIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16191	PAEZ GONZALEZ SERGIO SAMUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16192	LUEVANO MUÑOZ SERGIO SANTIAGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16193	CHAVEZ DOMINGUEZ THALIA CECILIA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16194	MOTA MOLINA RAUL	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16195	MARTIN DEL CAMPO MASCORRO YESSENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16196	ROMERO CHAVEZ XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16197	PIMENTEL GARCIA XIMENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16198	MANINNGS CERVANTES XIMENA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16199	RUIZ CASTILLO KARLA VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16200	TRINIDAD BERRIOS MANUEL ELIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16201	RODRIGUEZ CARVAJAL XIMENA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16202	ARMENDARIZ CHAVEZ XIMENA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16203	MANDUJANO CISNEROS SHAZIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16204	LOYA GUTIERREZ PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16205	LUJAN NAÑEZ XIMENA GISELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16206	RUBIO TOVAR SILVANA STEPHANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16207	PIÑA MARISCALES TERESA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16208	APONTE MARTINEZ AMERICA ADALAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16209	SAENZ MELENDEZ YESICA IVONNE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
16210	VILLARREAL CHAVEZ VICTOR HUGO	28 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16211	REYES LOPEZ URIEL	29 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16212	RAMIREZ CARDENAS XANAHT	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16213	SOLANO RAMOS SILVIA ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16214	CAZARES ARENIVAS YAEL ARACELI	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16215	PORRAS MUÑOZ XIMENA ILEANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16216	CHACON LUJAN YESSICA ELIZABETH	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16217	LEYVA . YASEL KARINA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16218	SERNA ONTIVEROS YESSENIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16219	MARTINEZ RODRIGUEZ ALEXA NALLELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16220	GONZALEZ LOERA SILVIA JOSELINE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16221	MAJALCA CHAVEZ XIMENA JUSSETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16222	FRESCAS OLIVAS SILVIA NALLELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16223	MUÑOZ RENTERIA SILVIA NAOMI	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16224	ORTIZ ANTILLON YAJAIRA DENISSE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16225	UDAVE ERIVES YHARA SOLEDAD	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16226	FRANCO GONZALEZ YOMALI GUADALUPE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16227	BAEZA JIMENEZ BEYRA RUTH	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16228	FRANCO DELGADO XIMENA MIREILLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16229	CONTRERAS FONTES XIMENA POLETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16230	ESTRADA OLIVAS XIMENA SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16231	MORALES ARMENDARIZ XIMENA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16232	HERNANDEZ OLIVAS ERIKA XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16233	GOMEZ GUERRERO XOCHITL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16234	LOZOYA ZUBIA SIMONETA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16235	LOPEZ TRUJILLO VICTOR HUGO	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16236	HERNANDEZ ECHEVERRIA URIEL DANIEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16237	GONZALEZ CRUZ XOCHITL JOHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16238	VELA JIMENEZ VICTOR HUGO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16239	BLANCO ESCOBEDO CARLOS EMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16240	GARCIA RAMIREZ JOHANA LIZBETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16241	VELETA RUBIO XOCHITLH DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16242	RAMIREZ ORTEGA YHARIM DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16243	ESPARZA VENEGAS YACIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16244	GARCIA BAEZA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16245	PORTILLO HERNANDEZ LESLIE DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16246	CHACON MACIAS YADHIRA DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16247	GOMEZ LUNA YADHIRA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16248	ARAMBULA JURADO YAEL DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16249	MENDEZ ESTRADA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16250	RODRIGUEZ GONZALEZ YAHAIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16251	GARCIA PALLARES YAHAIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16252	LUNA BARRAZA YESLI ITZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16253	LOZOYA GUTIERREZ YISEL ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16254	ANTILLON BARBOSA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16255	RANGEL GUTIERREZ YAHIR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16256	LOPEZ CRUZ ABEL DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16257	RAMOS SALAS ARELI DENNIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16258	OROZCO RUIZ ADRIANA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16259	CISNEROS ARCIGA ANETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16260	TARANGO CHAVIRA SOFIA ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16261	FLORES LOPEZ YLLEN VETHSAVE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16262	RODRIGUEZ SALAZAR YESSICA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16263	FIERRO VAZQUEZ SOFIA INES	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16264	ESCALANTE LOERA YESSICA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16265	AVILES ARMENDARIZ YESSICA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16266	LUJAN CENICEROS SOFIA MARGARITA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16267	VEGA GALLARDO VALERIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16268	DOMINGUEZ HERNANDEZ KENIA NATALIE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16269	DELGADO GONZALEZ JANEISSY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16270	AGUIRRE HERRERA ISAC LEONARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16271	MARTINEZ ARVIZO ANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16272	SORIANO CANO SOL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16273	GUZMAN OLIVAS YAILYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16274	RUBIO ORTIZ YESSICA YOLANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16275	ZAMUDIO GARCIA TANIA BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16276	RODRIGUEZ GASTELUM VALERY ANELYS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16277	AVILEZ PEÑA YAIR ISAAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16278	MELLENDEZ SANCHEZ YAJAIRA ITAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16279	GARCIA PAREDES YAJAYRA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16280	CHAVEZ DAVILA YAJEHIRY DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16281	MENDOZA SANCHEZ YAMHILE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16282	AYALA CORTES STEVEN ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16283	ROMERO RIVERA YESSICA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16284	MEDRANO ORTIZ LUIS FELIPE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16285	IGLESIAS GONZALEZ MARCELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16286	TORRES FIERRO YOHANNA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16287	RODRIGUEZ CORDERO BRISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16288	MEDINA ONTIVEROS IVONNE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16289	VEGA SANTANA YESSICA LIZBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16290	PORTILLO GALLARDO ALEXA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16291	RAMOS ZAPATA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16292	ARZOLA RODRIGUEZ SILVIA IVONNE	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16293	SILVA LOPEZ SUJEHIDY ESCARLETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16294	BALDERAS CHAVIRA SUSANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16295	ORTIZ MONTES YOISSE MONTSERRAT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16296	VILLANUEVA VAZQUEZ YAMIL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16297	DUARTE JURADO YAMIL AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16298	AGUIRRE ESPINO ROCIO	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16299	ANCHONDO CANO YAMILE CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16300	GRANADOS COSME DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16301	GARAY TORRES YOLANDA BETSABE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16302	ALVARADO ESPARZA YESSICA SOLEDAD	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16303	CHAVEZ MELENDEZ YASIEL ADRIANA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16304	PEREZ . SUSANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16305	CHAVEZ RAMOS SUSANA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16306	SEAÑEZ CHAVEZ YARELI CELESTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16307	QUINTANA CANALES VERONICA GISELL	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16308	VAZQUEZ NUÑEZ YOCELYN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16309	ESPINOZA TELLEZ YAMILET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16310	ACOSTA LEYVA ULISES EMILIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16311	MARIÑELARENA RODRIGUEZ YAMILET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16312	DELGADO RODRIGUEZ YOLANDA EDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16313	JACOBO PEÑA DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16314	SALAZAR OROZCO VALERIA STEPHANIE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16315	GARCIA VAZQUEZ YAZMIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16316	PINEDA BETANCES SYLVIA SOPHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16317	RAMBAO BANDA YORDI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16318	AVILA CHAVEZ JOSE RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
16319	AVILA PRADO TERESITA DE JESUS	47 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16320	DURANT CORRAL YORLETT MARLENE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16321	BALLESTEROS YAÑEZ SHEYLA BERENICE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16322	LOERA ACOSTA YAMILET SARAI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16323	TORRES SAENZ TAMARA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16324	CHAVEZ AVITIA TANIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16325	ARROYO TALAMANTES SONIA PALMIRA	45 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16326	CELAYA SANTILLAN TANIA CRISTINA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16327	AGUIRRE MARTINEZ TANIA ITZEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16328	PEREZ CORRAL YAMILETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16329	MENDEZ QUINTANA SUJEY	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16330	MUNGUIA PIÑON YAMILETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16331	VARELA VILLALOBOS YOLANDA ELIZABETH	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16332	RIVAS MARTINEZ TANIA ITZEL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16333	SEGUNDO HERNANDEZ RUTH JESICA	54 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16334	TORRES GUERRERO SONIA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16335	GARCIA HERNANDEZ BRENDA LORENA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16336	RUIZ LOYA YAMILETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16337	SANCHEZ RAMIREZ CRYSTEL LINETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16338	CARRILLO RODRIGUEZ VICTOR MANUEL	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16339	HERNANDEZ GONZALEZ YAZMIN AIDEE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16340	ROJAS GRANADOS VELIA MARISOL	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16341	OLIVAS DUARTE VANESSA ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16342	PEREZ ROMERO KARLA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16343	MONTIEL VILLA JOSE FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16344	SIAÑEZ ARRIETA MAXIMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16345	VARGAS MORIEL TANIA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16346	CARDENAS RICO YAMILETH ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16347	LOYA ARMENDARIZ YAMILETH TERESITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16348	HERNANDEZ MONTANA ANA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16349	ALCANTAR OCHOA YAMILETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16350	BUENO ESTRADA VICTOR MANUEL	37	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16351	HERNANDEZ MENDOZA TANIA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16352	LEON HERNANDEZ TERESITA DE JESUS	51	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16353	YAÑEZ ARZAGA BRAYAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16354	DOMINGUEZ BUSTAMANTE JAZMIN ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16355	FLORES RAMIREZ ULISES	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16356	CAMACHO MORALES WENDY VIANNEY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16357	LINARES OCHOA SERGIO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16358	PARRA VALDEZ VIOLETA IXQUIC	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16359	SAUCEDO MARTINEZ VICTOR MANUEL	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16360	NAVA AGUIRRE VICTOR IVAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16361	RIVERO ARELLANES YESENIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16362	VARGAS VELAZQUEZ YAZMIN ARELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16363	ESPARZA RIVAS VANESSA JANETH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16364	PALOMARES GANDARA YADIRA VIRGINIA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16365	ARANDA LOPEZ VERONICA LILENY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16366	AGUILAR ORTIZ XAVIER ESAIE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16367	CASTILLO RUIZ YESICA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16368	FLORES SANCHEZ YESSICA PALMIRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16369	ALATORRE MALDONADO YOLANDA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16370	FLORES SANCHEZ YAZMIN GUADALUPE	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16371	SILVA VELEZ SAGRARIO	54	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16372	RUBIO TORRES VIANNEY ESTHER	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16373	MONTALVO MARIÑELARENA XOCHITL ELIZABETH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16374	RODRIGUEZ NEVAREZ YOSDY ABRIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16375	OSUNA PATRON SAMUEL	60	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16376	GONZALEZ MALDONADO THANIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16377	MOJICA CHAVEZ JONATHAN ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16378	RAMIREZ LARREA YENI CRYSTEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16379	VICARIO ARENIVAR SILVIA VERONICA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16380	BACA ROJAS STEFANIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16381	PORTILLO SIMONS YOHANA LIZETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16382	RODRIGUEZ NIETO YADIM JAVIER	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16383	SALGADO TAVIZON YOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16384	RAMOS TREVIZO YAMIN EUNICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16385	GONZALEZ BRAVO ROCIO JANETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16386	BATISTA ONTIVEROS VICTOR OMAR	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16387	ACOSTA DUARTE YESENIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16388	ANTILLON GURROLA CLIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16389	LUJAN TORRES VICTOR EMMANUEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16390	DELGADO CARDONA YERUCHAM YAIR	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16391	VELAZQUEZ NAVA VICTOR JESUS	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16392	GUEVARA VILLALOBOS THANIA IVONNE	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16393	FERREIRO GUERRERO ULISES ALFREDO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16394	MORENO LARA VICTORIA JUDITH	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16395	DOMINGUEZ BENITEZ VICTOR ENRIQUE	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16396	VAZQUEZ CALDERON VICTOR HORACIO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16397	DURAN CONTRERAS VIRIDIANA VANESSA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16398	DIAZ JAIME VICTORIANO	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16399	CHACON LUJAN VICTOR	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16400	GOMEZ FLORES VICTOR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16401	CHAVEZ DOMINGUEZ VIRIDIANA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16402	RODRIGUEZ PULIDO WENDY NALLELY	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16403	ARROYO PADILLA VICTOR ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16404	ALARCON VALENZUELA YAHAIRA NOHEMI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16405	ACOSTA LEGARDA YANET	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16406	VALDOVINOS HERNANDEZ VICTOR OMAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16407	VALENZUELA MUÑOZ WALTER ALEXIS	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16408	SAENZ ESQUIVEL VIRIDIANA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16409	SANCHEZ GARCIA YANIRA IVONNE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16410	SALCIDO GONZALEZ YAZMIN VIVIANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16411	QUINTANA SANCHEZ VICTOR MANUEL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16412	ORTIZ TRENTI SARA MARIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16413	NAVARRO CARDONA YEIMI ANAHI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16414	ESCUDERO DURAN YOLANDA MARIELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16415	ZERMEÑO CHAVEZ YEIMY SHACELL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16416	LOPEZ PARRA ZAYRA HAYDEE	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16417	TRUJILLO PORRAS ZAIRA JEANINE	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16418	OLIVAS SOLIS YERIPZA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16419	RODRIGUEZ ESPERANZA YEIMY LYNN	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16420	RIVERA ITURRIAGA WILLIAM ULISES	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16421	PALOMINO ROBLEDO MARIA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16422	PARADA ROBLES LEONARDO ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16423	CHAVEZ FRANCO DANIKA ARETZY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16424	PIZARRO ORTEGA ROSALBA ISABEL	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16425	DOMINGUEZ GONZALEZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16426	SIAÑEZ TREJO VANELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16427	MONTES LIRA ANNA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16428	ACOSTA CARREON CARMEN MERCED	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16429	RIOS CERA PAOLA ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16430	GONZALEZ MORA CLAUDIA ARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16431	ALVAREZ SANCHEZ EVELYN MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16432	LOZANO ROMERO JESSICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16433	LIZALDE URBINA ROBERTO ISSAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16434	AVILA HERNANDEZ THANIA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16435	GARCIA CASTILLO LUZ MARIAM	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16436	VAZQUEZ JIMENEZ THANIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16437	SOTO TORRES JESUS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16438	VARGAS MENDEZ MARCELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16439	ONTIVEROS PEREZ VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16440	LOPEZ POLO ANGEL ESTEBAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16441	VIDALES LOPEZ ALMA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16442	BACA NAVA ALVARO EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16443	AGUILAR CHAPARRO SERGIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16444	GARCIA HINOJOS ALYSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16445	HIJAR VALLEJO ARANZA NAHOMI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16446	CASTRO CASTRO MICHELLE KASANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16447	ADAME URBINA BRAYHAN OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16448	GUERRERO MORALES AILYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16449	ORTIZ CASTRO SANDRA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16450	SERRATO LAZOS JENNIFER	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16451	REYNA GARCIA RAMON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16452	ALMEIDA HERNANDEZ RAFAEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16453	GAMBOA NUÑEZ ALDO ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16454	CORRAL ARAIZA JESUS ESTEBAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16455	CAMPOS MENDOZA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16456	LUNA GUTIERREZ ESTEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16457	CHAIRES ACOSTA YEIRA KARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16458	DE SANTIAGO CARRASCO VALERIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16459	GUERRERO PORRAS BENJAMIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16460	VILLALOBOS CHAVIRA SAYRA MICHEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16461	GOMEZ ESCAMILLA ABIGDAY ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16462	LARA TOVAR MELODY EYLEEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16463	DURAN SALGADO CARLOS MAXIMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16464	ONTIVEROS CERVANTES THANIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16465	RAMIREZ CABALLERO AMBAR ANAIS	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16466	SALCEDO ASTORGA JOHAN ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16467	MONTERO LANDERO KARLA ORFILIA DE JESUS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16468	GOMEZ MEDINA THANIA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16469	HURTADO LUCAS RAMSES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16470	DELGADO SILVA GRECIA ENID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16471	RAMIREZ RODRIGUEZ SUSANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16472	BURCIAGA DOMINGUEZ HECTOR ARATH	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16473	BAEZA SAENZ ESPERANZA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16474	PUC MORALES CRISTOBAL IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16475	GUZMAN CASTRO ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16476	ESPINOZA CHAVEZ KARLA GEORGINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16477	MORENO MIRELES ANA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16478	OLIVAS JIMENEZ CLEILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16479	MARTINEZ GONZALEZ DIEGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16480	VALERIO GUTIERREZ LUIS ARTURO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16481	QUEZADA VALLES MIGUEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16482	ALBINO OLGUIN HEIDY JOSELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16483	VARGAS MUÑOZ DANIEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16484	MANDUJANO CARRASCO SERGIO ANDRES	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16485	GOMEZ BARRERA ABEL ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16486	PRIETO DOMINGUEZ VANESA JACKELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16487	LOPEZ CALLEROS GERARDO ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16488	CAMACHO GALLEGOS JESUS OSVALDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16489	SOLIS ARTEAGA CINDY MARCELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16490	GUERRERO ESPINOZA YOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16491	DANIEL BENITEZ YESENIA GUADALUPE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16492	LEE GALLARDO RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16493	LOPEZ GONZALEZ YOSMAR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16494	ORTEGA BURCIAGA LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16495	AVIÑA GOMEZ KEVIN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16496	ESTRADA NUÑEZ CARLOS DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16497	LEDEZMA MARTINEZ ANAHI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16498	MARTINEZ PEREZ ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16499	ARGUELLES TERRAZAS ISAAC ALEXANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16500	PRIETO MUÑOZ DANIELA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16501	JIMENEZ FIERRO MIRIAM ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16502	AGUIRRE HINOJOS NOELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16503	ANAYA GRANILLO NUBIA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16504	SALAZAR GALLEGOS REBECCA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16505	ACOSTA GONZALEZ VIRGINIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16506	ROBLES LIMAS GISEL PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16507	FLORES MELENDEZ MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16508	PEINADO VEGA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16509	ACOSTA ARMENDARIZ NITZIA ANETTE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16510	HERNANDEZ OLIVAS YOEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16511	DE LA GARZA DUARTE DEREK ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16512	SANCHEZ RAMIREZ ZOE DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16513	MUÑOZ DOMINGUEZ YEYGENY EDILBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16514	TAMEZ MORALES SILVIA ELENA	56	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16515	DAJLALA DELGADILLO YAMIR EMMANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16516	AGUIRRE SANCHEZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16517	ZAPIEN BEJARANO SAMANTHA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16518	CHAIRES SAENZ HUGO LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16519	LOYA BETANCES SAMANTHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16520	MACHUCA HERNANDEZ SOFIA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16521	TORRES BARRAGAN YOSBIN RICARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16522	CARRILLO CHAVARRIA CYNTHIA ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16523	RAMOS DIAZ YARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16524	TORRES ALONSO OSWALDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16525	GONZALEZ RASCON FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16526	LOYA RODRIGUEZ ARANZA DARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16527	DELGADO AYALA KENYA SOPHIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16528	CALDERON FLORES KEVIN LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16529	VAZQUEZ TORRES WENDY PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16530	CARPIO GUEVARA MELANIE AILYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16531	QUEZADA PORRAS JENISSE JARETHZI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16532	AGUIRRE MORALES ILZE VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16533	DUEÑAS ORTIZ CARLOS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16534	MALTOS MENDOZA EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16535	HOLGUIN ALMEYDA RUBEN DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16536	GABALDON CARRASCO ANDREA YAZMIN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16537	RETANA GONZALEZ LAURA ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16538	RAMIREZ BUSTILLOS ALAN RICARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16539	FLORES BURROLA ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16540	ROCHA CAMACHO ANNA RAQUEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16541	GALICIA QUINTERO ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16542	ZAPIEN HERRERA MARIANA EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16543	GARCIA ROSALES LAURA THAILY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16544	MENDOZA URIBE JOSSELYN ARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16545	CHAPARRO GARCIA HANAMI ELENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16546	MARQUEZ RODRIGUEZ KAREN FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16547	AGUILAR LOPEZ JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16548	CARDONA TORRES MICHELLE VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16549	GARCIA TARANGO THELMA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16550	RODRIGUEZ GARZA BERTHA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16551	MORALES GONZALEZ JOSE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16552	RODRIGUEZ OLIVAS DIEGO ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16553	MARTINEZ ALICANO IAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16554	LOYA SANCHEZ ELENA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16555	LOPEZ SILVA JOSHUA JACIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16556	RAMOS RODRIGUEZ CRISTINA JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16557	ORDOÑEZ SALCIDO TOMAS ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16558	CARDONA CARDONA DANIELA ADRIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16559	SANCHEZ CHAVEZ JOSE ALVARO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16560	CHAVEZ PEREZ MARIA ALBA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16561	FLORES MENDEZ YONATAN GENARO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16562	GONZALEZ VAZQUEZ ALAN RICARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16563	ARMENDARIZ QUEZADA DANIELA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16564	RUIZ CHAVEZ MONTSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16565	GUTIERREZ DELGADO ALLARY ADAMARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16566	MARQUEZ JAQUEZ LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16567	CARO BERSOZA ANA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16568	LUNA CORONADO ALEXIS ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16569	CARRILLO GARCIA ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16570	DOMINGUEZ OLIVAS CESAR JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16571	CHAVEZ TREJO CAMILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16572	CARRASCO ACEVES ANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16573	VILLALOBOS JAVIER EDWIN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16574	PEREZ CUELLAR ANDRE SEBASTIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16575	RODRIGUEZ PARRA JAIME ENRIQUE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16576	RODRIGUEZ CARRASCO URIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16577	MARTINEZ AVILA MELANNIE GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16578	CANO HERNANDEZ BRENDA BERENICE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16579	RODRIGUEZ PALOMINO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16580	GARDEA BUSTILLOS MITZY ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16581	PEREZ CARRILLO NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16582	SAUCEDA ESCAMILLA JOSE BERNARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16583	TARANGO LUNA KEILA JOSABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16584	ACOSTA ARZATE ZAIRA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16585	MUÑOZ OTERO FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16586	GOMEZ CAMPOS MONICA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16587	GRANADOS GONZALEZ JESUS GAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16588	MARTINEZ SUAREZ ELENA DEL CARMEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16589	MORALES BAUTISTA LINA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16590	MARTINEZ BENAVIDES YOLANDA VERONICA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
16591	CASTILLO RIVERA KARLA JOSEFINA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16592	MARMOLEJO GRAJEDA LUIS ARTURO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16593	MONTOYA AYALA ODIEL GUADALUPE	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16594	CHAVIRA PEREZ DEYSI GUADALUPE	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16595	MUÑOZ SIMENTAL BRENDA BERENICE	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16596	VALLES SANDOVAL JULIA PAULINA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16597	GONZALEZ DIAZ TAMARA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16598	DOMINGUEZ CHAVARRIA ANGELICA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16599	RODRIGUEZ HERNANDEZ SAMANTHA PAULINA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16600	SOLIS ARANA LEONARDO DANIEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16601	GONZALEZ CHACON RAUL EDUARDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16602	PANTOJA ROCHA YOSAMARA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16603	MORALES MARIÑELARENA DIANA LISSET	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16604	LEON CADENA ABDIEL EMMANUEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16605	JUAREZ MARQUEZ EMILIANO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
16606	NAVARRO LINARES BRYAN BERTELIZ	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16607	SALAZAR JAQUEZ MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16608	ESTRADA CARAVEO YESSICA VIRIDIANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16609	RUIZESPARZA BENCOMO HUGO ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16610	DIAZ OCAMPO ZERETH ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16611	MONTES AMADO HEIDI MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16612	PEREZ BEJARANO JESSICA DIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16613	ARAGON VAZQUEZ LAIZA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16614	PIZARRO RIVAS YANIRI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16615	MEDINA BAEZ NAYDELIN DE JESUS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16616	PRIETO ESTRADA YAQUELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16617	DANCIGER LUEVANO KATYA ARIZBETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16618	DELGADO POLVON LESLIE XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16619	MORALES BAZUA BIANCA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16620	DE LA RIVA REYES ANDREA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16621	BURCIAGA ALVARADO EVELYN ELVIRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16622	MIRELES PEREZ ANNETE MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
16623	MONTAÑEZ LAGOS ANGEL JARED	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16624	AYALA PEREZ VALERIO	45 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16625	PEÑA LUJAN KELLY DANNAE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16626	ESTRADA RODRIGUEZ UBER	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16627	MARTINEZ LERMA BRENDA NATALY	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16628	CHAVEZ LICERIO EVELYN GABRIELA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16629	ORTEGA MENDEZ LIBERTAD FARINNE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16630	VARGAS GOMEZ DANNA PAOLA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16631	ACOSTA ORTEGA YULIANA SARAH	37 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16632	CHACON AGUILAR SARA JUDITH	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16633	CHAVEZ AVITIA ZULEMA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16634	ENRIQUEZ HERNANDEZ VIANNEY ALONDRA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16635	GONZALEZ VILLALBA ANDREA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16636	ALVAREZ SALCIDO YERALDIN LIZBETH	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16637	QUIÑONEZ MENDIAS YOSELIN YOLANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16638	ARMENDARIZ CHACON JOSE	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16639	HERRERA MORENO URIEL OSVALDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16640	REYES ACOSTA VALERIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
16641	ALARCON LOPEZ JANETH	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16642	GARAY BUSTAMANTE FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16643	CARREON RAMIREZ AARON ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16644	VITOLAS CAZARES ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16645	ZERMEÑO ESPINOSA JESSICA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16646	PEÑA CASTAÑEDA CESAR ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16647	DOMINGUEZ MORENO ADRIAN GUILLERMO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16648	CHAVARRIA GOMEZ JOSHUA ALEXEI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16649	MORAN CARRILLO WENDY ALEJANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16650	RENTERIA MELENDEZ ISRAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16651	REYES ESPARZA HANNIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16652	SOTO SALCIDO NUBIA ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16653	RASCON VALDEZ YARIZBEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16654	VILLADO MENDIAS OSCAR JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16655	DANIEL HERNANDEZ ANGELICA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16656	ACOSTA SANCHEZ YUDITZI GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16657	DOMINGUEZ ORTIZ TAMARA JULISSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16658	MARTINEZ RAMIREZ ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16659	OLLIVIER VALENZUELA LARISSA IVONE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16660	AGUIRRE RODRIGUEZ GERMAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16661	ALVARADO GARCIA MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16662	VARGAS BAEZ REBECA GISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16663	GONZALEZ OCHOA JORGE ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16664	BOUCHE PEREZ KAREN YOHANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16665	ROBLES SOTO ADRIAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16666	AVITIA MEDINA FRIDA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16667	BARANDA ESPARZA LUIS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16668	VARGAS SANCHEZ CESAR DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16669	AGUILAR CORRAL FERNANDO JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16670	MENDOZA ARRAS AMERICA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16671	SANCHEZ CHAVIRA FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16672	LOZOYA DIAZ BRANDON HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16673	FLORES ESPINO UZIEL ABNER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16674	SAGARNAGA RIVERA VICTOR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16675	FIERRO PEREZ YARA PALMIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16676	FIERRO MALDONADO DAVID ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16677	FLORES FLORES MARIO ELI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16678	MARQUEZ RUIZ FERNANDA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16679	GONZALEZ MORENO MILDRED ODEMARIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16680	GUADERRAMA HOLGUIN ANNETH MICHELLE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16681	LUNA CONTRERAS SARA NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16682	ESTRADA DE LA ROSA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16683	TERRAZAS VENZOR OLIVER	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16684	PEINADO MARTINEZ LETICIA YAMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16685	DURAN RENDON MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16686	MARTINEZ PORTILLO AILETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16687	AGUIRRE AVILA PAMELA EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16688	MORENO NAVARRETE JOSELYN ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16689	CAMACHO ANDRADE MARIANA ISELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16690	CISNEROS DELGADO ITZEL IDALI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16691	CHAVIRA ANDAZOLA BRANDON NARCISO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16692	CARRASCO PAYAN ANNA MARLENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16693	SAUCEDO BONILLA DENISSE PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16694	OLIVAS GRANILLO KALEB ALAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16695	IRIGOYEN GONZALEZ GIOVANA ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16696	MORALES NARANJO YANET CRISTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16697	VALENCIA CHAVARRIA ANGELA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16698	MONTALVO MARQUEZ NAHYLU NAHOMY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16699	ISLAS LAUREL CELIC YAMILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16700	GUERRERO RODRIGUEZ MARIAM GIOVANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16701	MONTEMAYOR BURROLA EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16702	MARQUEZ LOYA GISSEL GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16703	GONZALEZ SANCHEZ LUIS HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16704	SALAZAR HERNANDEZ KARLA NORMALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16705	ORTEGA RODRIGUEZ JOSE FRANCISCO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16706	SANCHEZ TARANGO SAMUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16707	PAEZ CISNEROS VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16708	DOMINGUEZ LOZANO JORGE ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16709	RODRIGUEZ VELETA DANIELA PATRICIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16710	ZERMEÑO MILLAN JOCELIN DARDANE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16711	AVILA CANO OMAR ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16712	COLMENERO GONZALEZ NAHIARA ROCIO	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16713	ZAMBRANO PARADA JORGE LUIS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16714	GRAJEDA REYES OSCAR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16715	RICO SANCHEZ DIEGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16716	SANCHEZ LOPEZ MELANIE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16717	AMPARAN MELENDEZ ANDREA JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16718	LECHUGA SOTO ALEXA CRISTAL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16719	ORTIZ MARTINEZ TANIA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16720	HEREDIA BANDA DIANA SARAHY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16721	OCHOA BELTRAN VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16722	REYES OLIVAS MARIEL ANNETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16723	ESCUADERO CORDOVA YIRIAM LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16724	OLIVAS SAENZ NATHALIA NAOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16725	MELENDEZ MADRID ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16726	ESPARZA MUÑOZ DAVID ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16727	PORTILLO HERNANDEZ BRAYAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16728	CHAVEZ LUJAN ELLIOTH SINHUE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16729	HERNANDEZ GONZALEZ JOCELYN NAOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16730	VALDES TALAMANTES VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16731	ARTALEJO TORRES LINDA DOLORES	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16732	GODOY AVILA MIGUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16733	CASAS GARCIA RENEE FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16734	MARQUEZ TORRES ADRIANA AURORA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16735	OCHOA VALDEZ LUIS ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16736	QUEVEDO CABALLERO OLGA LOURDES	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16737	ENRIQUEZ BELTRAN AARON YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16738	MELLENDEZ LOZANO DEBANHI GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16739	SOLIS JUAREZ VICTOR EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16740	ANAYA CHAVEZ JOSE OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16741	GALLEGOS HERMOSILLO DAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16742	CHAVEZ MERCADO MICHELLE ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16743	GOMEZ GOMEZ EDGAR ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16744	CHAIDEZ . JESSICA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16745	CHAVEZ CASTILLO ISIS MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16746	CAZARES LUCERO MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16747	LEGARDA SILVA CARLOS MARIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16748	ARROYO SAMANO XAVIER OMAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16749	TINTORI FELIX RODOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16750	RAMIREZ ARMENDARIZ WENDY LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16751	LARA GONZALEZ AILIN FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16752	VELDERRAIN PERLA KATIA NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16753	FRANCO TORRES ARATH JOSHUA	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16754	GARZA ORDAZ CARLOS EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16755	GALLEGOS MENDOZA LUIS CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16756	MUÑOZ AVILA RAFAEL GUADALUPE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16757	MUÑOZ ORTIZ IRIS AMERICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16758	RODRIGUEZ VILLA ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16759	TRIMMER ESTRADA ANA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16760	CORRAL GONZALEZ MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16761	PEREZ GARCIA ABIGAIL YALIMETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16762	RIVERA AVILA YUREM LUCIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16763	PIZARRO LOPEZ ERICK MANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16764	QUIÑONEZ RAMOS EDGAR FELIPE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16765	BOLIVAR GUIZAR NANCY LILIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16766	RUIZ JACQUEZ JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16767	GUZMAN PIÑA LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16768	MIRELES LEAL VICTOR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16769	TREVIZO BAILON PERLA DAYANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16770	CHAIRES QUINTANA MELANNY SHECCID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16771	ARELLANES MUÑOZ NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16772	GONZALEZ BACA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16773	GAYTAN MORADO TANIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16774	CASTRUITA FUENTES KARIME ITZEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16775	BLANCO SALINAS ELIZTEN ANALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16776	CAMPUZANO VILLALOBOS NOMAR YOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16777	CONTRERAS HERRERA GIOVANA IVONNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16778	ZAMORA MOLINA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16779	BUENO GIL HUGO FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16780	MORALES RAMOS ALEXIA NURYTH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16781	GUZMAN VENEGAS KENNET DUBAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16782	HERNANDEZ BELTRAN YRAVI YIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16783	CHACON VARELA VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16784	ACOSTA RAMIREZ MAXIMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16785	CHAVIRA ZAMORA JAIME EFRAIN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16786	MARTINEZ PORTILLO AYLYN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16787	RESENDIZ CAMACHO MARIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16788	GARCIA ESPARZA EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16789	RODRIGUEZ MANRIQUEZ MELANY DIANEY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16790	VALENZUELA ACOSTA MARIA ISABEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16791	MEDINA HERNANDEZ JESSICA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16792	CORTEZ COBOS KENIA LORENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16793	FRIAS HOLGUIN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16794	MORALES QUINTANA DANIELA ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16795	MARTINEZ MARTINEZ VALERY PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16796	LOYA FONTES ANGELICA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16797	SANTILLAN ALMANZA ANDREA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16798	ALABES ALCAZAR NATHALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16799	CARRILLO KURY YOUSEF	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16800	GANDARILLA GUTIERREZ CESAR ISAAC	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16801	LOPEZ RIVERA CAROOL YOMARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16802	ESCAPITA TINTORI LESLIE MARLENNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16803	GAMBOA LEAL YAHIR ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16804	LOPEZ SANDOVAL ISAAC GUILLERMO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16805	ALCALA ROMERO SARA ELIZABETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16806	OROZCO GONZALEZ THAIRY EUNICE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16807	ASTORGA AGUIRRE MIRANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16808	NEVAREZ VIRAMONTES KARINA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16809	MARTINEZ SEPULVEDA DAVID GIOVANNI	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16810	GALLEGOS MENA ITZEL JOHANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16811	ARREOLA NAVA EDWIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16812	CHACON LOPEZ MARIA ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16813	VILLALOBOS JUAREZ DIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16814	TORRES BARRAZA CRISTIAN JESUS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16815	LUGO AHUMADA JAIME ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16816	BUJANDA ALVAREZ JOSE PEDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16817	GUADERRAMA MENDOZA JOSUE CALEB	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16818	VILLA CANO VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16819	RAMIREZ VALLES VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16820	BARRAZA ARRAS JESSICA PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16821	CALDERON RAMOS DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16822	RODRIGUEZ LOZANO GISEL STEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16823	RUIZ LOPEZ DANIELA NOHEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16824	NUÑEZ CASTILLO SUSETH DARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16825	VILLA AYALA SAUL ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16826	GUERRA BATREZ MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16827	SERNA LARTIGUE REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16828	DYCK OLIVAS MARLENE JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16829	CORRAL GOMEZ ANA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16830	BUJANDA LUNA LUIS ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16831	MORENO BELTRAN YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16832	TARIN RAMIREZ ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16833	TORRES GALINDO LAISHA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16834	TERRAZAS NUÑEZ PERLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16835	SALITRERO RAMIREZ ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16836	RAMIREZ BETANCE LAURA VERONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16837	VALDEZ TRENTI NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16838	ESCARCEGA COLMENERO MARIA XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16839	RAMIREZ CARRILLO ANA MARLENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16840	DUEÑAS MENDOZA BRENDA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16841	MORENO ALTAMIRANO MANUELA YESENIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16842	ORDUÑO MOLINA KARLA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16843	GOCOBACHI ARRIETA LUISA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16844	MORALES SALGADO JESSICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16845	PEREZ GARCIA JARELY DEL ROSARIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16846	MUÑOZ TORRES JENNIFER LORENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16847	BACA GONZALEZ VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16848	MEDINA VILLARREAL AMERICA JATZIRY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16849	CHAVEZ GARCIA ANDREA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16850	ARVIZU GONZALEZ OSCAR RENE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16851	SANDOVAL RODRIGUEZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16852	AGUILAR GUZMAN SHEYLA NAHOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16853	RAMOS QUINTANA JOHANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16854	ORDAZ MACIAS TANIA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16855	RODRIGUEZ LUJAN VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16856	ROSALES TREJO MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16857	TORRES LOPEZ SAMUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16858	ALARCON MARQUEZ CARLOS PEDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16859	SALAS MALDONADO CRISTIAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16860	PINEDA URUETA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16861	LEON FONTES IRMA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16862	SAENZ LUJAN MARILIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16863	DOMINGUEZ . DAISY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16864	DIAZ MORAN MARLYN EUNICE	15	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16865	GONZALEZ LECHUGA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16866	FLORES RIVAS ANA CLAUDIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16867	PINALES AGUILLON DANIELA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16868	TOVAR SOTO JOSE ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16869	HERNANDEZ ORTEZ VALERY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16870	GONZALEZ MOLINA FATIMA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16871	DOMINGUEZ BANDA EFRAIN GILBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16872	GALVAN LARA HANNA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16873	PEREZ LUEVANO ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16874	RODRIGUEZ VARGAS DANIELA NAYELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16875	OVALLE BECERRA HECTOR ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16876	RIOS HERNANDEZ YATZIRY MARIVI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16877	AMADOR RUIZ YOVELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16878	TREVIZO GARAY JOSE ELIAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16879	SANCHEZ MANQUERO INGRID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16880	LARA MOLINA ANDREA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16881	SANCHEZ CANO LUIS HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16882	MORENO DE LA CRUZ SARAH JOCELYN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16883	BARRIOS BEJARANO DAVID RICARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16884	VALENZUELA ALDABA IVAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16885	BUSTAMANTE PAREDES YESSICA GEORGINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16886	SALAS LUNA HUGO ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16887	OAXACA ORNELAS MICHELLE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16888	DOMINGUEZ PEÑA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16889	DUARTE CALDERON VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16890	JIMENEZ ARTEAGA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16891	CALDERON RAMIREZ PAULINA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16892	MOLINA MARTINEZ KEVIN ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16893	CALZADILLAS CASTRO ANGEL ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16894	CARRASCO TERRAZAS EVELYN ARLETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16895	VEGA PEREZ MAYTHE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16896	MARIN ZAMARRON MARIANA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16897	NUÑEZ SAPIEN YARILENNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16898	BALLESTEROS HELO INDYRA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16899	MANRIQUEZ NOVOA LEON OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16900	OSORIO PEREZ IRVIN ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16901	LUJAN PRIETO MITZI ODALYS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16902	BARAJAS VAZQUEZ ANDREA KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16903	GARCIA BACA LUIS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16904	CANTU PAYAN DANIA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16905	GARCIA MASCORRO AMERICA YARITZA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16906	LOPEZ PINEDO MARIA LUISA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16907	ACOSTA DUEÑAS ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16908	SOLIS REY VANESSA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16909	IBARRA DUQUE YAEL ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16910	ARMENDARIZ MENDOZA BRISA ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16911	GARDEA GUTIERREZ MIRANDA ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16912	GOMEZ MURO RAMSES ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16913	CASTAÑEDA CANO YAIR UBALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16914	DE LA ROSA ROSALES RICARDO FLAVIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16915	TREJO SALINAS MICHEL CRISTAL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16916	LAZO RAMIREZ VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16917	VAZQUEZ MARTINEZ AMERICA CASSANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16918	GARCIA LOPEZ LUISA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16919	MENDOZA RIVERA ENIER KASUICH	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16920	MENESES ROMERO JOSELIN ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16921	SAUZAMEDA HINOJOSA MANUEL ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16922	CEBALLOS DOMINGUEZ VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16923	LOZOYA LOMELI KARINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16924	DELGADO GARCIA DAPHNE MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16925	SALCIDO DELGADO ANGEL EFREN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16926	SANCHEZ GARCIA ANDREA ILIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16927	AREVALO MONTES GABRIELA ALEXANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16928	CRUZ ROMERO ORION YANAMI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16929	AMADOR GONZALEZ FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16930	ZACARIAS MARQUEZ YULIETH VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16931	CONTRERAS JAQUEZ IAN ANDRE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16932	HERNANDEZ JUAREZ DANIELA ESTEFANIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16933	ACOSTA SOTO CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16934	ORTIZ FUENTES NATALY ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16935	GARCIA MENDEZ JOSE SANTIAGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16936	SEVILLA CHAVIRA EMILY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16937	QUEZADA FIGUEROA CESAR HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16938	MORENO SIGALA DEMIAN RODRIGO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16939	BARBA CASTRO PAULINA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16940	RUIZ LOPEZ OMAR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16941	ESPINO AVILA ANGEL GIOVANY	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16942	GASTELUM CANALES VALERIA JANETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16943	ITUARTE CONTRERAS MONTSERRAT	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16944	SANDOVAL CHAPARRO BRENDA ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16945	BOJORQUEZ AVENDAÑO SUSANA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16946	MORALES GRAJEDA ALEJANDRA BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16947	PIMENTEL VARGAS ANA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16948	REYES BAEZA NAYDELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16949	LONGORIA DIEGO CARLOS JOHANI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16950	MOLINAR OLIVAS YURIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16951	VENTURA JUAREZ MARIANA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16952	ARZAGA ALMARAZ OSCAR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16953	NUÑEZ ROBLES ZIDUMY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16954	DURAN MERINO CARMEN ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16955	MARQUEZ CARRILLO ANDRES FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16956	CHAVEZ ROSAS ABISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16957	CHAVEZ VIZCARRA INDIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16958	ESTRADA MARTINEZ ANDRES GILDARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16959	YEPEZ MORENO JESUS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16960	ALARCON ERIVES VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16961	TORRES BARRAYAZCO SARAI	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16962	MILLAN LIMA NANCY KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16963	VASQUEZ REYES LEYSI MICHELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16964	VIZCARRA CONTRERAS YAKSARY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16965	VILLEGAS ESPINOZA VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16966	GARCIA RIVERA KATERINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16967	GARCIA TORRES ELVA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16968	CERVANTES GARCIA MIRIAM PAMELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16969	URIAS PALOS VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16970	GUERRERO VEGA MARIA EMILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16971	GUTIERREZ RIVAS BRISIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
16972	GONZALEZ HERNANDEZ CYNTHIA ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16973	CHAVEZ MEDINA LAYSHA SOPHIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16974	RAMOS GONZALEZ JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16975	MARQUEZ GONZALEZ YARITZA DAYHANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16976	RAMIREZ CHAVEZ CESAR ULISES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16977	VAZQUEZ OCHOA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16978	ESPINOZA DIAZ SAHIAN MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16979	MARTINEZ QUIÑONES PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16980	RODRIGUEZ CHAVEZ JESUS ESTEBAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16981	MOLINA BUSTILLOS YEIMI ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16982	VARELA LOYA SOL MARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16983	GONZALEZ RUIZ JAQUELINE SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16984	ESNAYRA AGUIRRE YARITZA IDANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16985	NEVAREZ MARRUFO CARLOS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16986	MURGA BUENO RUBEN CERVANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16987	GONZALEZ BARRAZA EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16988	TORRES ACOSTA LINDA GRISEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16989	OLIVAS OCHOA GILBERTO EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
16990	SOTO GONZALEZ ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16991	ARAIZA VILLA KARLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16992	TREVIÑO SANCHEZ OSCAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16993	VILLEGAS WILCHIS ANDRES GONZALO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16994	CHAVEZ NARVAEZ VALERIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16995	ANCHONDO VAZQUEZ YURIKO IRLANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16996	ORTIZ GONZALEZ ELIAN ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16997	ULATE CENICEROS DIANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16998	CHAVEZ QUEZADA ZAGHID ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
16999	LOPEZ MELENDEZ TANIA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17000	MOLINAR HERNANDEZ LLUVIA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17001	GONZALEZ AGUILAR GRISEL PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17002	ALVIDREZ HERNANDEZ YOSHI MINERVA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17003	GARCIA REYNA YUSETH PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17004	ALVARADO NEVAREZ ANETT PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17005	BALDERRAMA APODACA ELYSSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17006	LOMELI HERNANDEZ DIEGO RAFAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17007	RUELAS HERNANDEZ MANUEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17008	HERNANDEZ HERNANDEZ YENIFER JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17009	ESTRADA GONZALEZ BLANCA ARLETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17010	GONZALEZ CARRERA SOFIA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17011	CRUZ JAUREGUI DANIELA IVETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17012	RASCON MARTINEZ THANIA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17013	HERNANDEZ CAMPOS VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17014	VERDUGO MARIN ANA CLARISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17015	ACOSTA CONTRERAS DENISSE DANELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17016	ARIAS FLORES SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17017	HERNANDEZ PEREZ DIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17018	FONTES ALVAREZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17019	GUARDADO OLIVAS INGRID GIOVANNA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17020	GUTIERREZ GARCIA JOSE RAMON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17021	DE LA CRUZ CASTILLO MARISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17022	ROCHA HERMOSILLO LUIS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17023	RAMIREZ NARANJO HANNAH VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17024	MONTOYA DEL VAL EDDY	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17025	ROMERO RODRIGUEZ ANETTE ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17026	SOTO OLIVAS MARISOL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17027	VILLANUEVA . ARMANDO ENRIQUE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17028	AMPARAN PORTILLO ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17029	ARANA MARTINEZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17030	SOLIS REYES ROSA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17031	TORRES GARCIA JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17032	HERRERA MONSIVAIS YASMIN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17033	CHAVEZ BANDERAS JESUS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17034	HINOJOS PRIETO SHERLYN SHARYELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17035	MORALES PERALES JORGE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17036	GALLARDO CASTAÑEDA YAEL ERNESTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17037	DUARTE ORDUÑO DENISSE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17038	MARIÑELARENA GARCIA ERICK FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17039	HERNANDEZ DOMINGUEZ AILEEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17040	GARCIA AMPARAN CHRISTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17041	MOYA CARMONA AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17042	MARTINEZ MENDOZA PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17043	GONZALEZ NUÑEZ ANDREA VIANNEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17044	DIEGO FELIX STEPHANY ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17045	REZA NAJERA DANNA YAZMIN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17046	LOYA DOUR CAMILA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17047	GONZALEZ HIJAR ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17048	DELGADO ARANDA KAREN DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17049	ANCHONDO HERNANDEZ YAZEL FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17050	HIDALGO AHUMADA CESAR HUGO HOMERO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17051	PAEZ RUIZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17052	FIERRO RAMIREZ MARIBEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17053	VELAZQUEZ ORTEGA SEBASTIAN ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17054	HOLGUIN GONZALEZ ANGELICA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17055	NUÑEZ GONZALEZ ANETH XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17056	OLVERA ARMENTA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17057	MUNGUIA PEÑA DIANA ADELISA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17058	SOLIS GUTIERREZ NEISY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17059	RUIZ JIMENEZ FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17060	CRUZ ESPINOZA KEYLA SACHEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17061	TOVAR DOMINGUEZ JOSSE JAIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17062	BEJARANO DE LEON IRVIN ESDRIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17063	MARTINEZ FIMBRES ANGELA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
17064	ESTRADA JUAREZ MARIA FERNANDA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17065	ILLERA MENDIAZ DIEGO SEBASTIAN	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17066	GUTIERREZ MURUATO MARIANA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17067	SANTOSCOY VILLALPANDO CARLOS JAVIER	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17068	CARBALLO PAEZ EDGAR ADRIAN	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17069	CERECER ANDRADE ALEXA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17070	GONZALEZ ESPINOZA VALERIA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17071	OLMOS CONTRERAS GONZALO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17072	TORRES OCHOA PERLA JANETH	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17073	ORTEGA BELTRAN MELANIE	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17074	NEVAREZ TORRES LUIS ENRIQUE	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17075	QUINTANA LUNA ASHLEY FERNANDA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17076	PEREZ MENDOZA CRISBELL ALEXANDRA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17077	AVILA GARCIA ANGEL ANTONIO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17078	MEZA GUTIERREZ KAREN HAZEL	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17079	URIBE AGUIRRE DENISSE	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17080	AGUIRRE VILLEGAS POLETH	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17081	ENCARNACION MARTINEZ SARA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17082	GOMEZ PONCE DE LEON ELI MONSERRATH	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
17083	GALVAN ALVARADO TIFFANY MIREYA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17084	KONG DE LA CRUZ YEEZUKY ALONDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17085	CARRASCO MORALES ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17086	GASTELUM FLORES DANNA GISEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17087	RIVERA CALDERA MARIANA AYLE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17088	RODRIGUEZ GUERRERO DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17089	LOZANO YAÑEZ VICTOR DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17090	CANO RAMIREZ BRENDA LIZETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17091	MATA GANDARA IVETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17092	ACOSTA MENDIVIL NAHUM RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17093	SOTO BALAM ORLANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17094	QUIÑONEZ LEON LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17095	LOYA PACHECO REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17096	GUERRA MARTINEZ ERIKA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17097	BARRAGAN RODRIGUEZ ADAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17098	GARDEA TENA JUAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17099	BARAY GUTIERREZ MICHELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17100	RENTERIA BOTELLO EDWIN ALAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17101	CORRAL CARRASCO GERALDINE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17102	HERNANDEZ DE SANTIAGO AXEL LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17103	LUNA SILVA NAITZEL ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17104	MARTINEZ OSORNIO DANIELA ESTHEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17105	HERNANDEZ GARCIA MICHELLE YARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17106	MOLINA ZUBIATE CARLOS ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17107	ESCALANTE ESPINOZA MARISELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17108	SOTO DIAZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17109	ESCOBAR SANTOS LAURA VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17110	AGUIRRE CARRILLO VALERIA AIDEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17111	MOLINAR TELLEZ MARLY MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17112	JUAREZ LOZOYA EDGAR MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17113	CUEVAS GUERRA KARLA STEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17114	MORENO MUEZ DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17115	LOPEZ DOMINGUEZ DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17116	CASTILLO NAVA ZAYRA MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17117	AVALOS JIMENEZ MIRYAM GABRIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17118	BACA GUERRA HOMERO ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17119	QUIROZ VAZQUEZ DIANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17120	SORIA NAVARRETE KENNIA MELENIE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17121	HERRERA SALAS YAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17122	BALDERRAMA CRUZ KEVIN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17123	PEÑA LOPEZ ANGEL RODRIGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17124	MONARREZ MUÑIZ DANNA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17125	HERNANDEZ LEDESMA KENJI ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17126	RODRIGUEZ CUENCA EDNA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17127	VILLALPANDO CARRASCO EIVY	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17128	BURBOA REYES JESSICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17129	LOPEZ ALVAREZ LISA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17130	MOTA LOZANO VALENTINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17131	DOMINGUEZ LOZANO MANUEL IGNACIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17132	CHAVIRA BOJORQUEZ GISEL ALONDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17133	TORRES GUILLEN YARELI	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17134	NUÑEZ MORALES TAMARA ASTRID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17135	CHAVEZ CHAPARRO YAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17136	OLIVAS LOPEZ PERLA YESENIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17137	GONZALEZ GOMEZ BRANDON ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17138	MARCIAL MUÑOZ VALERIA ANAHI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17139	GUTIERREZ LEON RENATA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17140	BRAVO . FATIMA GISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17141	ACOSTA ORTIZ ISSAK EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17142	MERCADO NEVAREZ INGRID ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17143	ESPEJO BARRAZA ISABELA ANARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17144	TORRES REY YOVANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17145	FRANCO RAMIREZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17146	FONG TERRAZAS ALEXA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17147	GARCIA ZAMARRIPA MARIA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17148	GONZALEZ ESPINO JESSICA ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17149	VALENZUELA PEREZ EDGAR EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17150	ROBLES BURCIAGA KARLA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17151	RODRIGUEZ RAMOS JORGE ANTONIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17152	GONZALEZ PACHECO JOHANNA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17153	CARRILLO VALLES ALEXIA CAMILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17154	ORTIZ VAZQUEZ ZAHORY CANDELARIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17155	CLIFT CHAVEZ STEPHANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17156	VELAZQUEZ DOMINGUEZ DYLAN SAID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
17157	GIRON SOTELO ASTRID	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17158	RODRIGUEZ CORRAL SAUL ALONSO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17159	ALDABA AGUIRRE STEPHANY OLIVIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17160	GONZALEZ BARRIENTOS ALEJANDRA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17161	RIVAS CARDENAS JOSE RICARDO	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17162	SIERRA PONCE IAN ALEXANDRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17163	RABADAN MIRELES VALERIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17164	AGUIRRE MARTINEZ SAYRA LUCERO	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17165	HERNANDEZ ALMARAZ GAEL ARATH	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17166	BAYLON IRACHETA VALERIA ARLYN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17167	GARCIA CALZADILLAS KAREN SUSANA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17168	RIOS LARA GABRIELA JIMENA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17169	MATA MORALES JESUS RAUL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17170	BERNAL MARTINEZ YAHIR FRANCISCO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17171	OLIVAS SANCHEZ DANIELA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17172	PALACIO LICON YAZMIN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17173	DELGADO ALDERETE ANDREA DANIELA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17174	PARADA TORRES JOSE ALEJANDRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
17175	AMARO GALARZA GALILEA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17176	GRANADOS ESTRADA KEVIN DANIEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17177	GALINDO RAMIREZ DENISSE ALEXANDRA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17178	JURADO GANDARILLA VALERIA AZUCENA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17179	MENDOZA . JASMEN GISELLE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17180	AGUIRRE IBARRA VICTORIA ELIZABETH	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17181	MENDEZ RAMIREZ FERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17182	MANDUJANO MARES JORGE LUIS	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17183	RENTERIA IGUADO DANYA TERESA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17184	BUSTAMANTE GONZALEZ DEYSY ESTEFANIA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17185	MORENO DOMINGUEZ NOE JOSUE	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17186	GARCIA RAMOS ARHAM FERNANDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17187	GUZMAN GONZALEZ DIANA PAOLA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17188	HERNANDEZ QUEZADA TANIA GUADALUPE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17189	ANDREW MERAZ LLUVIA NALLELY	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17190	MONGE BARRIENTOS JOSE MANUEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17191	ROSALES CONTRERAS MARGARITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17192	JAUREGUI ESTRADA OMAR EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17193	RUIZ . MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17194	ARAUJO RASCON FATIMA CRYSTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17195	ARMENDARIZ ORTEGA JESUS ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17196	ALVAREZ DOMINGUEZ JACQUELINE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17197	PADILLA OCHOA JORGE DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17198	FACIO OLIVAS CARLOS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17199	CAMPOS RUIZ JUAN YITZHAK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17200	PEREZ SEGOVIA ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17201	SAENZ CISNEROS CARLOS FRANCISCO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17202	SERRANO NATIVIDAD YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17203	APODACA CASTILLO ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17204	MARQUEZ DOMINGUEZ EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17205	MORENO LAZALDE GILARY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17206	VILLALOBOS VARELA VICTOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17207	ORDOÑEZ LERMA CHRISTIAN ZINEDINE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17208	FERNANDEZ RODRIGUEZ EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17209	SOLTERO VALDEZ DANIEL GIOVANNI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17210	GUADERRAMA FLORES JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17211	CADENA ESTRADA VIANNEY ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17212	RODRIGUEZ CARREON FLOR GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17213	TINOCO VILLELA DANTE ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17214	RODRIGUEZ CARDIEL EDDY LORENZO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17215	MONTOYA WOLF FERNANDA ANGELICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17216	GUZMAN GUZMAN JOSE CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17217	QUIROZ ESTRADA DUNESKA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17218	CARMONA GONZALEZ ITZEL ADILENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17219	TARANGO GAMEZ ANA KAREN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17220	LOPEZ MARQUEZ ITZEL PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17221	HOLGUIN VARELA KARLA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17222	MATA PACHECO MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17223	TREJO GONZALEZ ROSA STEPHANIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17224	GARDEA NUÑEZ ANA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17225	FIERRO GALVAN DIANA MELISSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17226	SOTELO RAMIREZ ARTURO SAMUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17227	NIETO BARRAGAN PAOLA DENISSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17228	AGUIRRE HUERTA BRENDA MINELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17229	ESPINOZA MENDOZA CIELO ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17230	CUELLAR ALVARADO LAILA VALENTINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17231	MARTINEZ ARREOLA AXEL FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17232	SANCHEZ RIVAS LUCIA ARMINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17233	BENCOMO GAMEZ ALONDRA JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17234	AGUIRRE MARQUEZ KENYA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17235	TORRES MENDEZ ROSA TAIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17236	HERNANDEZ MAYNEZ VALERIA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17237	MORALES REYES ABRIL PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17238	PIZAÑA MEDINA AITZA ILIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17239	MARTINEZ GARCIA URIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17240	MARTINEZ MORALES JOSHUA ANDREI	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17241	SOLIS ANCHONDO VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17242	BARRAZA SAENZ URIEL ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17243	ARMENDARIZ IBARRA LINETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17244	MEDELLIN BAGUES JUAN GUADALUPE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17245	GONZALEZ GAYTAN EMILIO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17246	JIMENEZ MINA JONATHAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17247	MORALES GARCIA YAZMIN ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17248	MORA VILLEGAS DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17249	LOPEZ CANO LUIS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17250	PAREDES ROMERO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17251	PORRAS ENRIQUEZ PAULINA MARIELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17252	CANO CALDERON GIBRAN EZEQUIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17253	GUERRERO MARTINEZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17254	LUGO VAZQUEZ ERICK RENE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17255	MONTIEL ESCARCEGA MARA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17256	CHAVEZ PEREZ SARA BEATRIZ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17257	MEZA SIGALA ELIAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17258	DE LA CRUZ CHACON IDANIA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17259	AYALA CARDENAS MARIA CARMEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17260	VALENZUELA BEJARANO YULISSA ANAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17261	GUERRA CORDOVA ANA KAREN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17262	PALOMECA GALLEGOS YAZMIN VICTORIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17263	LOPEZ SALDIVAR ERICK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17264	GONZALEZ FIGUEROA JUAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17265	CASTRO REYES XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17266	LOPEZ VERDUZCO DAMIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17267	MELENDEZ OCHOA LLUVIA CRISTAL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17268	HERNANDEZ CONTRERAS JOSE ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17269	VALENZUELA VALENZUELA FRANCISCO JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17270	GONZALEZ PEÑALOZA JOANNA BERENICE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17271	VILLA HERNANDEZ FLOR NATALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17272	ORTEGA SOTO KATYA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17273	HERNANDEZ ACOSTA ANGEL ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17274	PEREDA MARQUEZ JAVIER ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17275	GARCIA HERNANDEZ DANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17276	HERNANDEZ TARIN LEYRA ASTRID	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17277	CASTILLO HOLGUIN BIANKA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17278	CORDERO BECKER ASHLEY JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17279	MILLAN PEREZ SAMARA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17280	LOPEZ DOMINGUEZ VALERIA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17281	AGUIRRE CHAVARRIA NAOMI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17282	DIAZ RAMIREZ HEIDI JAQUELINE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17283	BELTRAN HERNANDEZ JOSE CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17284	RIVERA VEGA ADRIAN LEOBARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17285	BENAVIDES FIGUEROA ANDREA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17286	CAPUCHINO BEJARANO JUAN HASSAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17287	QUIÑONEZ CHAVIRA DALIA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17288	CABALLERO OROZCO VIANEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17289	MUÑIZ . PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17290	MURGUIA QUINTANA RAMON FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17291	CAMPOS GUTIERREZ FRIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17292	BOJORQUEZ NORIEGA ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17293	MARTINEZ GAYTAN VALERIA ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17294	FLORES URBINA DAMARIS ANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17295	HERNANDEZ CARRASCO CARLOS ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17296	MELLENDEZ DELGADO AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17297	PRIETO GUTIERREZ DULCE MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17298	BUENO TORRES LIZETH AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17299	CHAVEZ OROPEZA PEDRO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17300	ESPARZA GARCIA ABEL JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17301	FLORES EGUIARTE ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17302	FERNANDEZ LOPEZ KARLA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17303	ROSADO NAVARRETE ERICA ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17304	ROMERO ARRIETA CARLOS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17305	MORALES PALLARES MARTIN EFRAIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17306	GARCIA GIESBRECHT LINDSY REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17307	ESCOBEDO CARRILLO EMMANUEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17308	HERNANDEZ GRAJEDA EFREN JOSE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17309	RAMIREZ MOLINA KASSANDRA MIGUEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17310	GONZALEZ HOLGUIN IVAN DARIUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17311	SANCHEZ GALLEGOS SEBASTIAN MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17312	CENICEROS RUIZ LUIS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17313	ENRIQUEZ TERAN MARTIN FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17314	FLORES LUGO KARLA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17315	PASILLAS CABADA ISMARI ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17316	MONSIVAIS ARTEAGA JAIME IGNACIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17317	SAENZ CHACON ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17318	URIAS DELGADO LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17319	HERNANDEZ LOYA CINDY DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17320	BOJORQUEZ HERNANDEZ VANESSA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17321	SAENZ RUELAS KAREN IDALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17322	DURAN OCHOA GEMA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17323	FARIAS VEGA ANDREIEV OMAR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17324	MENDOZA GONZALEZ MARIO HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17325	IRIGOYEN GOMEZ XIMENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17326	OLIVAS OLIVAS ANTONIO SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17327	PEREZ CASTILLO DIEGO IMANOL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17328	FIGUEROA QUINTANA SAID JOSE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17329	GALVAN VARELA JESUS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17330	PRIETO TORRES OSCAR AXEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17331	BERNAL NUÑEZ CESAR OBED	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17332	CORRALES HERRERA ADRIAN RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17333	AGUILAR MORENO JOSE ELEAZAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
17334	DOMINGUEZ LERMA SOFIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17335	SILVA ALVIDREZ SAMUEL JAVIER	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17336	ROMERO VALERIO CAROLINA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17337	AVILA BACA DIANA LAURA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17338	VELA SALGADO KAREN DARYAN	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17339	ROACHO MARTINEZ CINDY GUADALUPE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17340	ARELLANO DELGADO DARLEN PAULINA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17341	QUEZADA VARELA JESUS EDUARDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17342	GRAJEDA VEGA DAFNE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17343	TORRES PASILLAS LARAE LISA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17344	SAENZ SANCHEZ CARMEN ILEANA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17345	IBARRA MENDOZA SAUL ALEJANDRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17346	PRIETO NEVAREZ HANNIA MICHELLE	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17347	HERNANDEZ TOLENTINO KENYA SOLFERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17348	PUENTE HERRERA MELANIE JADEY	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17349	LOZANO DELGADO DULCE MARIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17350	AGUIRRE LOZANO LESLIE FERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17351	ARMENTA ALMADA MIGUEL ALEJANDRO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17352	DE LA ROSA MACIAS ALEJANDRA KAZUKY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17353	HERNANDEZ ACOSTA YTZEL ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17354	SILVA DORAY MADRID KARLA GABRIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17355	AREVALO ACEVEDO ANDREA PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17356	LEAL MADRID JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17357	GONZALEZ GUTIERREZ DAVID IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17358	MONTES ESPINOZA NATHALIE VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17359	SOLIS RODRIGUEZ HANNA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17360	AGUIRRE MENDIVIL MAURY ARIANNE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17361	GARCIA GARCIA MANUEL HABID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17362	ALEGRIA VARGAS JOSE ALFONSO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17363	RIVERA SOTO NAYLEA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17364	ZUANY HERNANDEZ DEREK YACIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17365	GALVAN LEYVA JUAN NOBEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17366	GUTIERREZ BONILLA SAMANTHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17367	HERNANDEZ OLMOS LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17368	SIERRA SCHLEM MARIO TAJIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17369	GOMEZ RAMIREZ ANDRIK ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17370	ALMANZA CHAVEZ MANUEL ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17371	LOPEZ AGUAYO VALERIA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17372	AGUILA PEINADO JORGE EMILIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17373	MOLINAR DELGADO CLAUDIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17374	GARCIA ORTIZ ARIADNA MONTSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17375	JUAREZ MONTES MARIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17376	GONZALEZ RIOS ANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17377	PASILLAS CABADA INGRID DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17378	MORO GRAJEDA ITZEL JAMILETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17379	PEREZ MATA DANNA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17380	FOURNET PORTILLO MARION ARMELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17381	FLORES ALARCON MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17382	BARRIOS GUTIERREZ ELIER DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17383	DE LA CRUZ . JULISSA GABRIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17384	SAPIEN MARTINEZ ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17385	LOPEZ REZA SERGIO JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17386	AISPURO DORADO IVANNA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17387	GARCIA SANCHEZ JORGE ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17388	VILLALOBOS DIAZ RAUL ORLANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17389	RAMOS MONTES ALEXA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17390	RIVAS CHACON LINDA KARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17391	PALACIOS POLANCO JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17392	VILLAR CAÑEZ VIVIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17393	BRITO BORUNDA ZUEISY FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17394	RAMOS BALDERRAMA FERNANDA JOSELINNE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17395	VARELA MARTINEZ VALERIA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17396	RIOS RAMOS LESLY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17397	SAENZ LOPEZ ERIK DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17398	DE LEON ARMENDARIZ KATIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17399	ESTRADA ORTIZ JAZMIN SAGRARIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17400	MADRID GARCIA PERLA JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17401	JIMENEZ ACEVEDO JONATHAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17402	PEREA CALDERON FEDERICO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17403	HERRERA NIÑO LESLIE DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17404	BARRON DIAZ WENDY AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17405	ALVARADO OCHOA ANA LUCIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17406	RUIZ ALMEIDA MELISSA VIANEY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17407	TERRAZAS MOLINAR JESUS JOSE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17408	LOZANO CABRERA MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17409	SERRANO ACOSTA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
17410	CELIS GAMBOA ALONDRA NAYELI	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17411	SALDIVAR GUADERRAMA GERARDO IVAN	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17412	RASCON HERNANDEZ SEBASTIAN	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17413	ARMENTA GALLEGOS KENIA GISSELL	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17414	CASTAÑEDA MEZA DANIEL GERARDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17415	RAMIREZ LOPEZ ENRIQUE MANUEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17416	GRIJALVA POLANCO HATZIA VIANEY	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17417	LUEVANO GUERRERO JUAN ANTONIO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17418	ESTRADA CHAVEZ ALEJANDRO	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17419	RODRIGUEZ OLIVAS ADRIANA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17420	GOMEZ VILLEGAS MIGUEL ANGEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17421	ELIZONDO TORRES VALERIA MICHELLE	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17422	PEÑALOZA ENRIQUEZ YAZMIN ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17423	BARRAGAN ANCHONDO ARATH SEBASTIAN	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17424	LAGUNES CHAVEZ REBECA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17425	SOTO TELLO YAZMIN ANDREA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17426	JIMENEZ ORTEGA JUAN MANUEL	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
17427	PACHECO GUTIERREZ CARLOS NAIM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17428	DELGADO ARMENDARIZ SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17429	VAZQUEZ SOLANA LITZY ESTRELLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17430	CASTILLO AGUILAR VALERIA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17431	IBARRA GONZALEZ ANDRES	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17432	ALVARADO CASTRO NALLELY LIZETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17433	IBUADO ALVAREZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17434	MANCHA BARRAZA VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17435	MEDIANO SANCHEZ SAMANTHA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17436	MENDOZA GONZALEZ ARANZA ERIKA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17437	MATA FLORES YAZMIN DANELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17438	HERNANDEZ ROBLES JENNIFER ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17439	UNZUETA RODRIGUEZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17440	CARALAMPIO DEVORA ALEXANDER	16	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17441	PRIETO DOMINGUEZ IYARI DE JESUS	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17442	PERALTA DIAZ VALERIA ODETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17443	SERNA MURILLO SOFIA MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17444	PEREZ CHAVIRA CESAR AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17445	DE LA O ZAVALA EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17446	CHAVEZ MARQUEZ EILEEN PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17447	DOMINGUEZ GARAY JOHANA ELIZABETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17448	VARGAS GONZALEZ ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17449	GUTIERREZ CASTRO DARIANE ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17450	GARCIA HERNANDEZ CINTHIA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17451	LAIJA VENEGAS SARAH ITALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17452	FLORES DURAN MIRIAM SARAH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17453	DELGADO ESCAJEDA YAZMIN LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17454	NEVAREZ GUTIERREZ DIEGO ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17455	ALEMAN HERNANDEZ YARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17456	PORTILLO HERNANDEZ ANGEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17457	MATA VELETA ZAHYRA JACQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17458	ESTRADA BARRAZA MARIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17459	SALOMON FIERRO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17460	TORRES MINJAREZ BRIAN JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17461	MUÑOZ PARRA ANGIE FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17462	ZENDEJAS AGUIRRE GUSTAVO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17463	CANO GONZALEZ ALEJANDRA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17464	DELGADO ROBLES CARLOS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17465	GARCIA MARMOLEJO VALERIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17466	POLANCO GUTIERREZ EDSON JAVIER	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17467	RIOS VALERIO JOHANA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17468	PEÑA BALDERRAMA MIRYAM XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17469	SAENZ ACOSTA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17470	FIERRO VILLEGAS MICHELLE ABRIL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17471	HERNANDEZ GARCIA GABRIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17472	GOMEZ DORADO MARCOS YAHIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17473	PAYAN GONZALEZ JERSON DAVID	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17474	ALMAZAN SAUCEDA OSCAR OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17475	GOMEZ LEON VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17476	HERNANDEZ LORENZANA CASSANDRA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17477	DURAN RODRIGUEZ MIGUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17478	BARRON VARGAS MONSERRAT ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17479	HERNANDEZ RUIZ AXEL ADRIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17480	CARRILLO BAYLON YESICA ALEJANDRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17481	ESTRADA AGUIRRE JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17482	SANCHEZ TALAVERA VALERIA YADIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17483	ALCANTAR NAJERA RODRIGO EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17484	ROMO ENRIQUEZ ANA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17485	GONZALEZ LARA EZLI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17486	QUINTANA LOYA ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17487	SANDOVAL ESTRADA MARYFER	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17488	LUNA CEBALLOS YAZMIN SELENE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17489	FUENTES BAEZA VALERY MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17490	PALMA RAMOS JOSE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17491	ASCENCIO LOZANO ERIKA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17492	AYALA TELLES ZAIRA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17493	MONTAÑO RIVERA LUZ ESTRELLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17494	MORAN ALVAREZ JAIRO DANIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17495	GUIRADO TORRES DAVINIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17496	ZORRILLA GUTIERREZ IRAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17497	GARCIA CORRAL DANIELA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17498	GUTIERREZ TALAVERA DAENNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17499	GUTIERREZ GUTIERREZ MARCOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17500	PEÑA LOZANO EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17501	GARCIA GONZALEZ PRICILA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17502	RIVERA FRANCO ALONDRA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17503	PORRAS ARMENDARIZ IAN MAURIZIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17504	PADILLA CARRASCO TAYRA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17505	RODRIGUEZ HINOJOS ALONDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17506	LERMA PORRAS ALAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17507	RAMIREZ GARCIA DULCE MARIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17508	CARRERA OROZCO KEVIN JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17509	HERNANDEZ BALDERRAMA ERICKA IDALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17510	ROMAN MEDINA VANNYA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17511	TAPIA MORALES OSMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17512	REYES FLORES ARTURO CARLOS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17513	FAUDO A GOMEZ SERGIO ALONSO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17514	HERRERA CARMONA ROCIO ITZEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17515	PERALES REYES ELLIOTH EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17516	LUCERO ESTRADA EDGAR ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17517	GOMEZ SANCHEZ LESSLIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17518	CONTRERAS MENDOZA EDWIN JOVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17519	OCHOA SOSA CLARA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17520	VARELA LOZANO YECLI CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17521	MODESTO HERRERA LUNA ARIADNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17522	HERNANDEZ ESCOBAR IRVING FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17523	PARGAS RENTERIA LIZBETH VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17524	RAMIREZ BAILON ANA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17525	VEGA CARRASCO LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17526	JARAMILLO HERRERA PATRICIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17527	HERNANDEZ DOMINGUEZ MERARI BETSAIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17528	CASTELO ORQUIZ ANAHI GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17529	ARAMBULA SARMIENTO BRENDA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17530	MARIÑELARENA RUSSO STEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17531	DE LA PEÑA LOYA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17532	CHAPARRO PEREZ ALEXA VICTORIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17533	SOTELO BALCAZAR EDSON ADAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17534	GALINDO DE LA ROSA YANETH ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17535	DOMINGUEZ FRIAS YAMEL CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17536	SANDOVAL FLORES DILEAN ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17537	CHAVEZ MEDINA JAN MAXIMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17538	ESPINOZA CASTILLO YESENIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17539	LOYA DIAZ YUMARA JOSEFINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17540	ESPINOZA KONG YEEKOI ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17541	CONTRERAS CONN GILBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17542	BURCIAGA RODRIGUEZ VIOLETA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17543	RAMIREZ LOYA ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17544	ESCOBAR MAGDALENO GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17545	DUARTE RABELO IAN ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17546	LOZANO ANTILLON PAULA MILEN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17547	RODRIGUEZ CARDENAS LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17548	VARELA MARQUEZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17549	MONTES VILLA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17550	CALDERON CARDENAS JESUS OCTAVIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17551	RUIZ HERNANDEZ XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17552	MORALES HERNANDEZ NELLY GRISEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17553	TORRES ARZATE ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17554	GOMEZ AGUIRRE FERNANDA YAMILETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17555	SOTELO CHAVEZ KIMBERLY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17556	ACEVES ORDOÑEZ JARED ELIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17557	HERNANDEZ LEYVA JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17558	MELENDEZ GURROLA SOL ESTEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17559	LUJAN OLIVAS MARIO ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17560	REYES DOMINGUEZ SUJEY ALONDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17561	BAEZA BAEZA FERNANDO ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17562	ACOSTA FIERRO JATCIRI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17563	PONCE HERNANDEZ JESUS EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17564	CHACON PEÑA DANNA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17565	HERNANDEZ . CLAUDIA ESTHER	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17566	ESTEVANE LUNA ALEYDHA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17567	REYES MARQUEZ MANUELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17568	MENDOZA BURCIAGA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17569	DOMINGUEZ CEJA SHAYRA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17570	ENCINAS MEDINA MARIA VIANEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17571	GARCIA MEZA ANNETH SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17572	PEÑA SERRANO CARLOS GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17573	CASTRO ALVARADO GABRIEL EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17574	IGUADO PORTILLO JOSE ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17575	HERNANDEZ ROSALES VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17576	GUZMAN CHACON ALDAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17577	MEDINA MOLINA PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17578	DE LOS RIOS FREYRE NADIA GALILEA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17579	RODRIGUEZ QUIROZ ERIKA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17580	MELLENDEZ GONZALEZ DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17581	HOLGUIN RICO LYA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17582	DIAZ HERRERA VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17583	GONZALEZ RAMIREZ LIZBETH MICHELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17584	ATILANO VILLAGRAN CASSANDRA ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17585	GINER RIOS KENIA YOSELIN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17586	MARTINEZ AGUIRRE ANDREA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17587	PEREA HERNANDEZ VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17588	GONZALEZ LOPEZ EYMI ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17589	MONTES ZURITA YENIFER FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17590	MORALES AGUILAR JORGE ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17591	RAMIREZ RODRIGUEZ MILCA LUCIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17592	LAZOS ESCAPITA ANA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17593	NUÑEZ CASTRO JESSICA MELISSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17594	CORRAL PAVIA DAYANIRA ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17595	AGUIRRE LOPEZ ALMA DELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17596	18	M	30/09/2021	ESTRADA GUANESPEN VICTOR MANUEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17597	19	M	30/09/2021	VAZQUEZ LERMA GABRIEL GERARDO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17598	19	M	30/09/2021	BUJAIAR CHAVEZ YAMIL SAMUEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17599	19	F	30/09/2021	CHAVEZ VENZOR MARIANA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17600	18	F	30/09/2021	VALDEZ VALENZUELA FERNANDA GUADALUPE	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17601	19	F	30/09/2021	GUTIERREZ AGUIRRE AMAIRANY ESMERALDA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17602	19	F	30/09/2021	TERRAZAS VEGA ALONDRA ISABEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17603	19	M	30/09/2021	SALAS CRUZ JOSE ANGEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17604	19	F	30/09/2021	VELAZQUEZ RIVERA EVELYN ANDREA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17605	18	F	30/09/2021	LICON MORALES LUZ EMILIA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17606	19	F	30/09/2021	REYES DURAN ABRIL SUGEY	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17607	19	F	30/09/2021	GARCIA GARCIA DAFNE LIZETH	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17608	18	F	30/09/2021	RAMOS BUSTILLOS ANDREA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17609	20	F	30/09/2021	MENDOZA VARELA VANESSA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17610	19	M	30/09/2021	ALVAREZ PRIETO EDUARDO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17611	19	F	30/09/2021	RODRIGUEZ . LIZA IDALY	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17612	19	M	30/09/2021	PARRA MARTINEZ LUIS ALFONSO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17613	19	F	30/09/2021	PEREZ MENDEZ EVELIN	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17614	19	F	30/09/2021	ROJAS RICO FRIDA KARINA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17615	GARCIA MARTINEZ CARLOS ALFREDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17616	MARQUEZ VALENCIA FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17617	TAYLOR MONTES DANNA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17618	ROMERO IBARRA JOSTIN IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17619	OZUNA VELAZQUEZ LINDA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17620	ORTIZ ARRIETA GEORGINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17621	PAYAN URIBE JENNIFER IVETT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17622	GUEVARA LEON DANIA VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17623	MONTES DE LA CRUZ ANDREA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17624	RUIZ GOMEZ AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17625	RAMIREZ RODRIGUEZ EDWIN HADJY	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17626	CANO MARTINEZ BRITNEY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17627	MELLENDEZ TELLEZ JUAN UZIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17628	CARBAJAL TRUJILLO LUZ DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17629	GARCIA CONTRERAS VANESSA AIDE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17630	JUAREZ ZAVALA ANA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17631	VALENZUELA CHAVIRA VANESSA ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17632	MONTOYA PEREZ NAYDELIN DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17633	ARMENTA PONCE MICHELLE ALBANIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17634	VAZQUEZ VELETA LUIS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17635	MENDEZ HERNANDEZ JUAN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17636	ESPARZA QUEZADA EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17637	MOY FIERRO ANETH KARINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17638	HERNANDEZ JURADO CRISTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17639	OLIVAS BARRON STACY ADLEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17640	CHAVARRIA ACOSTA DENNISE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17641	LEVARIO LADRON DE GUEVARA LEONEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17642	CHAVEZ SANTILLAN MAURO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17643	RODRIGUEZ FLORES EDGAR FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17644	VARGAS AVILA DEVANY SHADHIDT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17645	RIVERA ACOSTA CASSANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17646	RASCON JAQUEZ YARELY SAYURA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17647	SAENZ AGUILAR JAVIER ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17648	MACIAS MOLINAR NADIA IVETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17649	LUCERO JIMENEZ VALERIA MARGARITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17650	RAMOS CISNEROS VANESSA DAYANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17651	ITURRALDE PERLA ELENA LUCERO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17652	GONZALEZ RINCON SARAI NAHARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17653	MACIAS CHAVEZ JESICA YATHALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17654	ALARCON FLORES ELSA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17655	CASTAÑEDA GUERRERO CAMILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17656	AVILA GARCIA YAMILETH ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17657	ERIVES MENDEZ ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17658	SALAZAR MONARREZ PAULA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17659	ENRIQUEZ SALAS JOCELYN SAMARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17660	HERMOSILLO ESTRELLO BRISSA JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17661	RUIZ LUJAN ANETH SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17662	HERRERA VILLAGRAN ANA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17663	LOPEZ ORTIZ KARLA LORENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17664	PEREZ ACOSTA CINTHIA NALLELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17665	NAVARRO ROBLES BELEN ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17666	ARMENDARIZ ESCAJEDA JANETH ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17667	QUINTANA CARRASCO VANESSA IDALIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17668	BARBA REYES RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17669	ADAME HERNANDEZ JUDITH REBECA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17670	PEREZ ALVARADO KENIA DAYANARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17671	CONTRERAS CONTRERAS CARLA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17672	ARMENDARIZ BUSTILLOS ISIS YAMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17673	LOZOYA AVILA GILDARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17674	PAREDES REYES KARIME YARIMETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17675	MEDRANO TORRES FRANCISCO JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17676	VIGNA MIRANDA VITTORIO EDOARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17677	GARCIA RODRIGUEZ DIANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17678	CORRAL OCHOA JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17679	ARVIZU FIGUEROA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17680	PORTILLO ALARCON DENISSE VIRIDIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17681	PALMA RASCON ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17682	GUADERRAMA PIÑON JORGE EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17683	NEGRETE VALLES FRIDA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17684	URBINA VALERIO LUIS CARLOS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17685	LEGARRETA MORENO YENZI EDLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17686	CHAVARRIA VALDEZ JOSE SANTOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17687	GRACIANO HERNANDEZ YERALDYN VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17688	GONZALEZ DE LA CRUZ NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17689	SAMANIEGO BARBOSA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17690	TERRAZAS DAVILA MONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17691	PALACIOS LUNA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17692	JIMENEZ CARRERA JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17693	MELENDEZ ORTIZ YOARI ARTURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17694	MARTINEZ ESPARZA YERALDINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17695	FRANCO COTA JULIETA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17696	GONZALEZ RODRIGUEZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17697	MONTOYA BRAVO FRIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17698	PRIETO RENTERIA ERIC ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17699	ROMERO MENDOZA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17700	FRIAS HERNANDEZ ESTEPHANY MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17701	PEREZ LOZANO ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17702	CHAVIRA LOPEZ YAMILE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17703	NAVARRETE HOLGUIN MARIA CRISTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17704	HERNANDEZ CARRASCO YUDITH REFUGIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17705	ARRIAGA AGUILAR ANGELA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17706	JACQUEZ GARCIA LUIS BERNARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17707	PAREDES GARCIA JUAN GUILLERMO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17708	REYES HERRERA YERASMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17709	MARQUEZ AGUILAR HECTOR LORENZO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17710	MATA MIRAMONTES ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17711	GONZALEZ GARCIA MARIANE ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17712	CARLON RODRIGUEZ SOL ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17713	UNDA CHAPARRO GEORGINA IVETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17714	GUTIERREZ PEREZ YESENIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17715	MARTINEZ RENOVA EDGAR HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17716	HERRERA LOM ARLETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17717	PRADO JIMENEZ YUNUEN ADRIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17718	RAMIREZ RAMIREZ DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17719	GONZALEZ RIOS EDITH ALONDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17720	GAMEZ GARCIA TANIA GABRIELA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17721	OLIVAS RIVERA LAURA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17722	MOLINA CORRAL VANESSA IZAMAR	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17723	CARRASCO GANDARA PAOLA IVONNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17724	NUÑEZ SIAS JOCELYN DAMARIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17725	RAMOS VALENCIANO SANDRA ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17726	FABELA CANO ERICK JAVIER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17727	RODRIGUEZ LOPEZ LEONARDO SALVADOR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17728	ORTIZ MONTAÑEZ LESLIE XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17729	GUTIERREZ GOMEZ SERGIO ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17730	FLORES MILLAN ALONDRA KAMILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17731	VARILLA HERRERA YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17732	CHAVEZ GARCIA MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17733	VALLES DIMAS MARIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17734	AGUAYO LUNA BRISA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17735	AGUIRRE RUIZ MARY JOSSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17736	DELGADO PORTILLO SAID ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17737	CORONA QUIROZ ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17738	LOZANO LOPEZ DANIEL ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17739	LOYA MORALES ALEYDA ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17740	ALBA RODRIGUEZ ANA KAREN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17741	SIGALA MARIN LUIS CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17742	CHAVEZ . LEISLIE ANNETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17743	ARANDA APODACA ANGELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17744	CARMONA TALAMANTES JOSE EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17745	PEREZ SOTO YESENIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17746	SALCIDO QUIROZ ELIZABETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17747	LUNA ZAPIEN SAMANTA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17748	ALARCON CALDERON DARWIN IRAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17749	HERMOSILLO ALVAREZ ELEEN ALEXIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17750	CHAVIRA RIVERA JATZIRI ANARICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17751	COTA SALAS YULISSA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17752	VALVERDE HERNANDEZ KARIME	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17753	AGUILAR MATA MARCOS ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17754	GARCIA GOMEZ CLAUDIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17755	ALVA MENDOZA JOCELYN MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17756	JASSO ORTIZ JOSE JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17757	BAEZA ROA EMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17758	RANGEL OROZCO GEORGINA YAHAIRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17759	GANDARILLA DIAZ IRVING MOISES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17760	MENDOZA COMADURAN DIEGO ELIAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17761	CEBALLOS MEDINA VANESSA JATSIRY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17762	ANTILLON LIRA VERONICA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17763	PARADA LOPEZ JONATHAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17764	ARANDA ENRIQUEZ MILISSEN PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17765	NEVAREZ ROMERO ANDREA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17766	RAMIREZ VALDEZ JOSE EMILIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17767	MUÑOZ MORONES JOSE RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17768	DOMINGUEZ SORIANO DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17769	OLIVAS IBARRA MARIANA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17770	ENRIQUEZ ZAFIRO ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17771	HERNANDEZ JURADO KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17772	RANGEL VILLA YESLI AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17773	VASQUEZ GUTIERREZ ANDREA PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17774	SIAS HOLGUIN LUIS MARTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17775	IBARRA ESPINOZA JESUS JAHIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17776	AVILA CANO YESENIA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17777	GASPAR MANCINAS YULISSA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17778	CORRAL CARRILLO JOSELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17779	ARRIAGA LOPEZ AYLIN AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17780	HERNANDEZ RASCON LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17781	DERMA MARTINEZ MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17782	CHAVEZ MENDOZA GABRIEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17783	RUIZ TALAMANTES RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17784	JIMENEZ CERECERES SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17785	ESPARZA RODRIGUEZ VANESSA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17786	QUINTANA GONZALEZ LUIS FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17787	SANCHEZ CORONA BRISSA SUGEY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17788	CALDERON REYNOSA YESSENIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17789	BACA FLORES ANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17790	ALMANZA RODRIGUEZ JACKELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17791	HERRERA GONZALEZ KEVIN MICHELLE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17792	MEZA JUAREZ JESUS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17793	RAMOS PEÑA KIMBERLY VIANEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17794	RODRIGUEZ MONTOYA REYNA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17795	MARTINEZ SANCHEZ VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17796	CALDERA MEDINA MARILYN ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17797	GAYTAN PEREZ MELISSA DEL ROSARIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17798	ARAIZA PEREZ BETHSAIDA ADILENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17799	DELGADO ORTEGON EDEN SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17800	GRANADOS FLORES ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17801	MORALES RIOS DERIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17802	SIFUENTES PEREZ KEVIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17803	PARRA GARCIA JOSUE ELI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17804	RUIZ TORRES LESLIE CITLALLI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17805	MERAZ VILLA LESLIE JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17806	HERRERA CONTRERAS ROGELIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17807	ENRIQUEZ PORTILLO BRANDO JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17808	ORNELAS MENA ALONDRA SUSANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17809	BAEZA CHAPARRO JASSIEL ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17810	VILLALBA GOMEZ ARLETH YARECY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17811	URTUSUASTEGUI CAMPAÑA VERONICA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17812	FIERRO RENOVA GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17813	NAVARRO SAPIEN LAURA PATRICIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17814	GONZALEZ RUIZ NELIDA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17815	ROMERO DOMINGUEZ FERNANDO DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17816	JUAREZ DAVILA JAIR ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17817	SOTO GILL JUAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17818	LECHUGA BERNAL KARLA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17819	MELENDEZ HERRERA JESUS ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17820	TREJO HERNANDEZ OSIRIS RASHEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17821	GAMEZ CORRUJEDO JORGE ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17822	TRILLO VIDALES KENIA AIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17823	TENA REYES JESUS RUBEN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17824	REYES BARRENO PERLA VERONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17825	ALEMAN ORTIZ AIXA KARIME	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17826	ZARAGOZA TERRAZAS INGRID SUILEM	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17827	SANTIAGO ROLDAN JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17828	PEREZ OLMOS CESAR DAMIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17829	AGUILAR GARCIA JENNIFER ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17830	OCHOA CAÑAS NAYLEA GISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17831	LOPEZ GARCIA ADRIANA ISELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17832	MORENO CANDIA OLIVIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17833	GRADO GOMEZ AUDIEL ANICETO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17834	PONCE DE LEON PARADA ANGELA MALINALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17835	PEREZ REYES ISIS NATHASSJA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17836	PEREZ ARMAS DANYTZIA AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17837	MALDONADO DE LUNA MARIANA REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17838	CEBALLOS QUINTANA JOSE CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17839	DE LA CRUZ SALAZAR VIANEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17840	LEDEZMA RUIZ ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17841	SOLORZANO NEVAREZ GENEVY SOFIA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17842	ROBLES NIETO MARIA JOSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17843	CARREON SAENZ DARIAN ITZEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17844	SOLIS CAMPOS MARIA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17845	AGUIRRE DE LA ROSA VIANEY MALENY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17846	GUTIERREZ MARTINEZ EYRA DAYANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17847	GOMEZ GARCIA VIANNEY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17848	RUIZ ORTIZ ZAIRA KAHIR	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17849	GARCIA LOZANO ITZEL BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17850	FLORES GONZALEZ LIZBETH VIANNEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17851	MIRANDA CARRASCO SARAHI AIMIZULY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17852	VILLA LEYVA FABIAN GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17853	ANAYA CHAVARRIA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17854	GARCIA CONTRERAS PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17855	QUINTANA RODRIGUEZ MARCOS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17856	ESPINO BARRAZA MARISOL GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17857	ESCOBAR BORUNDA VICTOR MANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17858	CASAS RUIZ YESSICA MARIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17859	GUERRERO ORTEGA PRISCILA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17860	PAYEN HERNANDEZ MIGUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17861	GUTIERREZ MORALES ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17862	PIÑA HERNANDEZ MARISOL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17863	FIERRO VECINO ALAN JOVAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17864	BARRIGA RAMOS DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17865	ALVAREZ LOZOYA FATIMA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17866	CISNEROS FLORES ANEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17867	AYALA VALOIS LUIS EMMANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17868	AGUILAR LEYVA RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17869	MACIAS VALADEZ KAREN ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17870	OLIVAS SANCHEZ MITZARY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17871	SANTOS CUMPLIDO IVETH ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17872	RUIZ IBARVO SAMUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17873	TARIN CARRASCO YOLANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17874	GARCIA TERUEL LITZY VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17875	SIGALA CAVAZOS ANA MARCELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17876	SALCIDO LOYA EMILIANO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17877	CARRAZCO QUIÑONEZ YESSENIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17878	REYES VILLORDO YESSICA EGLANTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17879	GARCIA SALAIS ANA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17880	ORTIZ VILLALOBOS DANIELA RUBY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17881	SANTOS DE LA ROSA ROCIO MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17882	PORTILLO REED KAREN YAZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17883	QUINTANA CHAPARRO LUIS OSMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17884	GARCIA MARTINEZ ITZEL ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17885	CHAVEZ MENDEZ ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17886	SIMENTAL CASTILLO RAMIRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17887	AGUIRRE LUJAN VICENTE ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17888	TALAMANTES RIBOTA KATHIA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17889	CASTILLO SARMIENTO CESAR DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17890	MORALES URIAS JOCELYN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17891	MC BUTCHART PEREA ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17892	RODRIGUEZ MOTA URIEL GUILLERMO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17893	CHAVEZ SANCHEZ GISSELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17894	MENDOZA LOPEZ LIZBETH GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17895	RIVERA LOYA TANIA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17896	ARAUJO TERAN ESTRELLITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17897	BACA MEDRANO LIZETT ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17898	BAEZA ORNELAS PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17899	BOLIVAR SIGALA VICTOR ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17900	REYES ZAVALA VERONICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17901	SANTANA SIFUENTES YOCELYN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17902	VAZQUEZ PADILLA GABRIELA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17903	JUAREZ ESPINOSA OTONIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17904	MIRELES GUERRERO YOSSELIN ARLETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17905	OLIVAS GUERRERO YAHIR MAXIMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17906	VALENZUELA SILVA PRISCILA DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17907	VALDEZ ARGUELLO NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17908	MOLINA ESPINO OCTAVIO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17909	GONZALEZ FAUDOJA JOCELYN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17910	TRUJILLO CARRILLO VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17911	MUÑOZ ROMAN ZAIRA JAZMIN	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17912	ELIZALDE FIERRO KARELY SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17913	DELGADO SOLIS VICTOR ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17914	GUTIERREZ CHACON EMMANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17915	DOMINGUEZ MENDOZA CESAR IVAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17916	MIRELES DELGADO HANNAH DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17917	LOYA BACA ALAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17918	GONZALEZ OCHOA LIPSI JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17919	HERRERA LOPEZ DANIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17920	JURADO CARRASCO LLUVIA IRLANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17921	DOMINGUEZ JIMENEZ MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17922	PEREZ SOLIS NAIDELYN MIREYA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17923	FIERRO ANGUIANO KEVIN RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17924	CARREON CERVANTES DAYANARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17925	MANDUJANO CANO DE LOS RIOS ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17926	OLAGUE ESPEJO ANA CLAUDIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17927	MARTINEZ ZUÑIGA JOSE IRAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17928	MARQUEZ MARQUEZ RUBY JOAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17929	ALARCON MONARCA ARY DAIANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17930	LOYA GARCIA LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17931	MORIEL ESPARZA DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17932	GONZALEZ ALVARADO NAHOMY DIBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17933	GOMEZ AVITIA ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17934	DOMINGUEZ HINOJOS DENNISE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17935	GARCIA CARRILLO BRENDA YAMELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17936	BUSTILLOS SILVA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17937	PORTILLO SOLIS BRITNY VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17938	BARAY FRIAS SONIA AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17939	RESENDIZ RAMIREZ BRITANI ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17940	ROMERO TERRAZAS DIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17941	GUERRERO MENDIAS MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17942	RUBIRA GONZALEZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17943	TREVIÑO MEJIA BORJA VICTOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17944	MARTINEZ TORRES GERARDO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17945	HERMOSILLO OLIVARES DANIELA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17946	HOLGUIN GONZALEZ JULIETH DINNORA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17947	VILLAR TREVIÑO MARTHA CAMILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17948	ROMERO NUÑEZ VALENTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17949	SALCIDO PEÑA ROMINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17950	DIAZ TORRES RUBEN ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17951	MARTINEZ PORTILLO ADAMARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17952	GUTIERREZ PORTILLO VICTOR AXEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17953	ESCARCEGA PONCE GRISEL GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17954	CASTILLO RENTERIA LUIS RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17955	VIGIL VICENTE ANA LILIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17956	MENDOZA ROJAS ADRIANA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17957	CHAVEZ CORRAL LYBETH SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17958	CASTILLO BALDERRAMA VERANIA IVETTE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17959	VILLALOBOS OCHOA NAYIB JEHU	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17960	RAMIREZ RODRIGUEZ YARELI ARLETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17961	GARZON ENCISO JENNIFER	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17962	LOYA LOERA MARIA JOSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17963	RICO MAR DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17964	CHAVEZ PIÑA DIBANHI VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17965	ANGEL DAVILA YESSICA MONTSERRATH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
17966	GUTIERREZ ROBLES YURI	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ALEJANDRA									
17967	DOMINGUEZ MARTINEZ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	BRISEYDA									
17968	PAEZ PALMA MARIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17969	CEBALLOS SCHULTZ YOHAIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	JHOSELINNE									
17970	VELA MIRAMONTES ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	CARLOS									
17971	PORTILLO IBARRA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17972	CHAVEZ SEPULVEDA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17973	FERNANDEZ HOLGUIN YESSIKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17974	SALAZAR LOPEZ LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17975	LOPEZ RIVERA KEVIN RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17976	SOLANO JIMENEZ VICTOR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	DANIEL									
17977	ALLANDE ORTIZ ANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17978	HIDALGO TORALES ARIADNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17979	VILLA MARTINEZ YIDAM IRAK	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17980	ROBLES MALDONADO KAREN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	PAULINA									
17981	TERRAZAS GARCIA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	TERESA									
17982	JIMENEZ VENZOR HUGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	EDUARDO									
17983	SANCHEZ DIAZ GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17984	GUTIERREZ DUARTE AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	MARIANA									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
17985	CHAVEZ GONZALEZ VICTOR DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17986	PEREZ LOYA IRVIN JOSE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17987	SAENZ SAENZ LLUVIA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17988	DOMINGUEZ OLIVAS HECTOR GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17989	MARISCAL ARRIETA FRETZIA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17990	SALAS ROMERO BRYAN ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17991	PACHECO QUINTANA MARIANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17992	DEL VAL VILLAGRAN ANGELA VIVIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17993	GUTIERREZ PEREA OLINDA VIRIDIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17994	ADAME FALCON KATIA MICHELL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17995	SALDIVAR SAENZ LUIS FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17996	ULATE ARRIETA ANDRES EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17997	LUCERO CHACON ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17998	VALLES AGUIRRE LUZ MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
17999	REZA AGUIÑAGA JANETH TAMARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18000	VALLEJO SALGADO VICTOR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18001	LEDESMA PRADO MARIA JOSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18002	PALMA DANIEL GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18003	GUERRERO OLVERA KENIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18004	RODRIGUEZ LINARES MARVIN JOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18005	MORENO CHAVEZ ALESSANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18006	RAMIREZ RAMIREZ EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18007	BELTRAN DE LA CRUZ AXEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18008	CEBALLOS URTUZUASTEGUI VICTOR MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18009	FLORES GUTIERREZ YINNEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18010	AGUILAR VALDEZ VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18011	ORDOÑEZ ALMANZA RAUL ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18012	FERREIRO ROMO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18013	ROMO BALDERRAMA FERNANDO EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18014	MENDEZ JARA SALMA NICOLE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18015	PALMA LOYA YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18016	OLIVAS SOTELO VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18017	SALCEDO GUERRA CHRISTIAN EDOARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18018	GONZALEZ HINOJOS ANADALAY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18019	HANGIS ORTEGA DIAMANTIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18020	QUINTANA LOZOYA ADRIAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18021	CONTRERAS DE LA ROSA SAMUEL SALVADOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18022	URTUZUASTEGUI ESTRADA MISDHY JANETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18023	MUÑOZ MENDEZ VIANEY ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18024	GARZA VALDEZ JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18025	RUIZ ANILES CARLOS OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18026	GARCIA ORTEGA MICHEL ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18027	ALARCON HIDALGO MARCELA GABRIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18028	TOVAR VIRAMONTES ANGEL RAFAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18029	CEPEDA MARTINEZ DEISSLY ARLETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18030	HERNANDEZ SAGREDO IVAN FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18031	RICO BUSTOS JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18032	FRESCAS ARZATE DANIELA EDITH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18033	PRIETO VALENZUELA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18034	CENICEROS GARDEA AZUL IVANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18035	SANCHEZ RAMIREZ LUIS ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18036	FLORES MOLINA JAQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18037	SANCHEZ VERIN RODRIGUEZ KARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18038	CANDELA RAMIREZ ALVARO ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18039	LOERA RANGEL JESUS ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18040	REY ALVIDREZ JESUS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18041	AGUILAR VENZOR BRIAN GIOVANY	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18042	LOYA CARDONA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18043	GALLEGOS HOLGUIN OSCAR ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18044	ESCONTRIAS MENDOZA MITZY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18045	BARRON HERNANDEZ YISELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18046	GUTIERREZ OCHOA JOSE RODOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18047	PONCE OLIVAS PABLO CESAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18048	GALLEGOS LOZOYA JACQUELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18049	MELLENDEZ MARTINEZ SHARON ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18050	TREVIZO CASTILLO ZAIRA DENISE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18051	ROBLES PARADA SYLVIA	54	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18052	SOLANO MARTINEZ GISEL ABRIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18053	GARCIA JIMENEZ JAHELY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18054	ORTIZ LOPEZ LUNA YARETXY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18055	GARCIA JURADO MICHELLE ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18056	PIÑON ROMAN ANDREA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18057	AMANTE GOMEZ GREICY CARLA IRENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18058	VENEGAS PEREZ HUGO LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18059	CHAVIRA GONZALEZ CHELSEA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18060	RUIZ MADRIGAL THEZLYN IRAIZ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18061	CASAVANTES DAVILA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18062	RIVERA MENDOZA AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18063	MARQUEZ TREJO YESSICA NOEMI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18064	DURAN FLORES ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18065	TERRAZAS RIOS SANDRA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18066	VENEGAS ARGUMEDO YOSI	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18067	CASTILLO CASTRO BRISA FARIAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18068	HUERTA DOMINGUEZ LUIS SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18069	LARA LARA ROBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18070	ARROYOS VASQUEZ DENISS ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18071	MARTINEZ GALLEGOS LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18072	MADRIGAL GONZALEZ MARIELA ESTEISI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18073	GONZALEZ VEGA VICTORIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18074	PAEZ SANCHEZ YAEL JOVANI	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18075	ANCHONDO ESCARCEGA EDUARDO AZAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18076	GONZALEZ ACEVEDO MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18077	LARA RIVERA DENISSE ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18078	MONTES MORUA ADELY CRISTINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18079	CHAVIRA HERNANDEZ MAXIMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18080	AVILA INZUNZA PAULINA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18081	JAQUEZ GARCIA DIANA ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18082	RIVAS GARCIA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18083	DIAZ HERNANDEZ DEYNA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18084	GARCIA VAZQUEZ AKARY YADIRHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18085	ACOSTA CHAPARRO MELANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18086	ANAYA JAQUEZ JIMENA AILY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18087	MACIAS ESCOBEDO PAULINA ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18088	FLORES FAVELA ADRIAN ZENON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18089	SILVA GOMEZ VALERIA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18090	VILLABURU BORUNDA ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18091	CARMONA ANCHONDO JOSE ENRIQUE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18092	MOLINA MORALES YESSICA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18093	MARQUEZ ROBLES VICTORIA ANAILI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18094	CONTRERAS MONSISVAIS NOHEMI GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18095	ORTEGA VIZCARRA ZAHYRA ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18096	TALAMANTES MEDINA JOAN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18097	LARA FELIX YOANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18098	VEGA MENDEZ DIANA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18099	VILLALOBOS CONTRERAS DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18100	OCHOA BUSTILLOS ARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18101	CARO RASCON FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18102	SIAS AVITIA SOFIA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18103	ACEDO VELARDE ZAID ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18104	RODRIGUEZ VILLASANA DANIELA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18105	BELKOTOSKI TARANGO ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18106	MELLENDEZ SANTIAGO MONTSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18107	MARMOLEJO ROMERO ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18108	ARMENDARIZ AVENA LAURA ESTELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18109	GARCIA SANCHEZ ALONDRA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18110	TORRES BONILLA EVELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18111	RANGEL RASCON KEVIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18112	ESPINO NAVARRETE YANETH GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18113	OCHOA MADRID EDGAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18114	RODRIGUEZ MORALES VICTOR ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
18115	GONZALEZ SILVA CIELO DEYANIRA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18116	MORENO OLIVAS ABRIL	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18117	PACHECO LOYA SAYDA ALEJANDRA	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18118	REYES CHAVEZ ANDREA SOFIA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18119	CEJUDO PEREZ EMILIANO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18120	MELENDEZ ORTIZ YOCELIN AMELIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18121	HERRERA PARRA VICTORIA JOVANNA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18122	ROSAS BEJARANO DARIAN ELIGIO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18123	MALDONADO FIGUEROA RAMSES	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18124	ADAME FONG MARIA CONSUELO	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18125	ORTIZ BALDERRAMA TERESITA DE JESUS	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18126	ZAPATA PORTILLO FRANCISCO ANGEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18127	SANCHEZ ENRIQUEZ MARISOL	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18128	VALENZUELA LUJAN EVELYN	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18129	TORRES CUEVAS LUCIO HIRAM	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18130	CURZ RODRIGUEZ MELISSA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18131	GARCIA BARRALLASCO JUAN ANGEL	15 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18132	HERNANDEZ ANAYA ESMERALDA GUADALUPE	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18133	PAYAN URANGA ERICK	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18134	MARTINEZ GONZALEZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18135	PAZ GURROLA VICTORIA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18136	OLIVAS VARGAS YOSTIN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18137	RENTERIA GAMEZ ANGEL ERASMO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18138	QUIROZ TARIN BENECIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18139	RUIZ MENDOZA RUBY MARISOL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18140	GONZALEZ FLORES ALEJANDRO ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18141	ESCALANTE PALACIOS KARLA AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18142	MACIAS SORIA ANA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18143	ASTORGA HERNANDEZ TERESITA DE JESUS	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18144	SAENZ TORRES OSCAR NOE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18145	HOLGUIN HERRERA DAN JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18146	ESCOBAR MUÑOZ MARIA ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18147	CARRILLO MEZA EDUARD EMMANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18148	QUINTANILLA AGUILAR DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18149	GALLEGOS REGALADO CARLOS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18150	GARCIA AVILA EDGAR ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18151	GARCIA AVILA JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18152	MONDRAGON PAYAN DIANA JADZIRY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18153	SALINAS GARCIA DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18154	JAIMES OROZCO ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18155	COYOTZI NUÑEZ KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18156	CASTILLO GOMEZ KEVIN RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18157	FERNANDEZ PEREZ PRICILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18158	MERCADO TORRES VIOLETA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18159	ORTIZ MEDINA JUAN LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18160	MORALES RODRIGUEZ YOCELIN GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18161	SALCIDO PIZANA JESUS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18162	MARQUEZ TRIANA KARIME JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18163	RAMIREZ RENTERIA KEVIN VALENTIN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18164	CALDERA ZESATI VIOLETA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18165	CASTAÑEDA CONTRERAS TANIA JUDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18166	SANCHEZ LACHICA LUIS ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18167	GALEANA ESTRADA VICTOR ALONSO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18168	ALVAREZ SERNA YOLANDA GISELL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18169	GURROLA CHAVEZ KEVIN ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18170	OLIVAS VILLASEÑOR CARLOS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18171	BALBUENA PORRAS ADAL ABISAI	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18172	MENDOZA CARREON ZAIRA VIANEY	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18173	CHAVEZ ALVERTIZ EDITH DAHENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18174	SILVA AVALOS JOSUE ARAEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18175	MUELA RUIZ LORENA NATSUKO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18176	VALLES ANGUIANO JORGE ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18177	MONTAÑEZ HERNANDEZ OBED	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18178	VALENCIA BELTRAN SALMA GISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18179	ANAYA SALINAS PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18180	RAMIREZ VAZQUEZ ALEXA JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18181	ALVIDREZ CORTES SERGIO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18182	SAUCEDO LEAL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18183	POSADA LOPEZ MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18184	MARQUEZ RUGELIO ITZEL AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18185	GONZALEZ MEDINA YOSELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18186	MENA RAMOS ANDREA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18187	SANCHEZ APODACA MARIANA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18188	RODRIGUEZ NEVAREZ JOSE ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18189	CHAVEZ DE LA CRUZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18190	GREEN ESTRADA KATIA GEORGINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18191	ZAMARRON ERIVES LAURA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18192	DUARTE LOZANO CAMILA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18193	PEÑA JIM JULIAN OSIRIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18194	ARROYOS RAMOS ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18195	GANDARA GANDARILLA ANGELES LUCERO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18196	VAZQUEZ HERNANDEZ VALERIA JOHANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18197	RODRIGUEZ CORRAL JUAN PABLO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18198	CELDO FLORES KEVIN AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18199	HERNANDEZ OCAMPO LUIS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18200	GUERRA MUÑOZ NOELIA YUKARI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18201	LEON QUIROZ EVELYN ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18202	LARA . VICTOR HUGO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18203	SOTELO URBINA THESSA ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18204	MARTINEZ GURROLA LOURDES GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18205	MACIAS MORALES MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18206	JUAREZ REDE JESUS OZIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18207	CHAVEZ MEDINA LUISA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18208	RUIZ BENCOMO CESAR OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18209	CASTILLO GONZALEZ CATHERIN ELISA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18210	CHAVEZ OROZCO DIANA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18211	SANCHEZ ORTEGA LESLIE SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18212	ALARCON PARRA DANIELA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18213	CONTRERAS ACOSTA MARIANA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18214	VAZQUEZ RAMIREZ MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18215	ZUQUI MORALES CARLOS GIBRAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18216	DURAN POBLETE DULCE MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18217	MONTAÑO PERLA ERIKA YAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18218	SANDOVAL ZAMARRON DANIEL IVAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18219	GUZMAN MARTINEZ KARLA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18220	CHAVEZ BEJARANO ARALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18221	CONTRERAS MANQUERO NICOLAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18222	CROSSE GUTIERREZ VANESSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18223	ESCUADERO IBARVO YOSELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18224	FLORES VARELA ZULMA GUADALUPE	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18225	BALDERRAMA TELLEZ YESSICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18226	GARDEA MONTES ADOLFO ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18227	MENDOZA RUIZ ALESSIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18228	PORRAS LARA SANTIAGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18229	SIFUENTES MEZA MONICA GIOVANNA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18230	MAJALCA VARELA BRYAN URIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18231	PEREZ MONCAYO MEGAN FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18232	OLIVAS MELENDEZ KORINA NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18233	VILLALOBOS PEREZ ZAYRA KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18234	MARQUEZ DOMINGUEZ JESSICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18235	GALAVIZ DIAZ KAROL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18236	HINOJOS VEGA ANGEL DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18237	CHAPARRO GRAJEDA YARELI SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18238	CAMPOS ULLOA DANIEL ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18239	RUIZ TELLEZ YOSELIN ADILENE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18240	RODRIGUEZ RODRIGUEZ INGRID LIZETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18241	CARRETE GUZMAN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18242	BUSTILLOS . MARVIN JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18243	CASTRO RODRIGUEZ KARLA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18244	RODRIGUEZ TERRAZAS KARLA IVONNE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18245	LUNA OROZCO DIANA ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18246	RODRIGUEZ GUERRA YAMILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18247	HERNANDEZ VAZQUEZ YAHAIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18248	ALMERAZ MUÑIZ BELEN ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18249	MONTEMAYOR GALICIA VICTORIA MARIA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18250	GARCIA ARAUJO YOSELIN NEREIDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18251	NUÑEZ AGUIRRE FERNANDO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18252	SANTOS GONZALEZ ISELA IVETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18253	VILLAGRAN SIMENTAL DIEGO JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18254	ROSADO PARRA CINTHYA NEREIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18255	ANGULO BARRAZA JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18256	GASTELUM RENPENNING DERECK ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18257	CASTILLO FLORES JOSE MARIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18258	AVALOS GONZALEZ RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18259	ESCARCEGA ORPINEDA TANIA IVETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18260	GUERRERO MARQUEZ DIANA LAURA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18261	ROQUE BOJORQUEZ YESSICA IZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18262	FIERRO OROZCO JULIETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18263	GONZALEZ MARQUEZ DULCE IDALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18264	MORALES GARCIA OSCAR ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18265	LOPEZ VARGAS DANNA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18266	ESPARZA OLIVAS MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18267	BEJARANO CARREON LUIS RAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18268	ARRIETA MOLINA ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18269	ANCHONDO MENDOZA ERICK EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18270	GUZMAN MENDOZA FRIDA PAOLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18271	QUINTANA SALAS ANARELY PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18272	HINOSTROZA PORTILLO LESLY ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18273	REYES ROJAS LUISANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18274	REYES TALAMANTES DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18275	CHALUP AVILA IRAN JULIETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18276	PEREZ BENCOMO JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18277	LOYA RODRIGUEZ LUIS ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18278	TAPIA MONTES ANETTE PRISCILA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18279	VEGA MENDEZ SARAH BETZALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18280	REAZA LERMA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18281	MONTES GARDEA JESUS MANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18282	HERNANDEZ ZARAGOZA ZAIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18283	PRIETO TRILLO JULIO CESAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18284	STAUFERT ADAME TANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18285	QUINTANA TORRES IVAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18286	LOPEZ MENDOZA SEBASTIAN RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18287	TRUJILLO DOMINGUEZ SERGIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18288	ONTIVEROS MACIAS KARLA CARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18289	CANO ESPINOZA ALAN ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18290	MENDOZA GONZALEZ LUIS REYNALDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18291	ZEPEDA DAVALOS DANNA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18292	MORALES OCHOA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18293	GONZALEZ TARANGO ALMA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18294	MARTINEZ MEDRANO NATHALIA VANESSA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18295	MILLAN DAVILA JESUS ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18296	SOTO PACHECO VIRNA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18297	RODRIGUEZ GONZALEZ YHARITZA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18298	LEVARIO GALLARZA DIANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18299	CHAVIRA DE LA GARZA ILEANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18300	LUNA HERRERA CINDY ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18301	CORRAL LOPEZ JOSUE ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18302	MORENO GUZMAN DAMARIS MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18303	GARCIA DURAN DAFNE AMERICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18304	VALLEJO BAÑUELOS ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18305	PEREZ HERNANDEZ AMEYALTSI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18306	QUEZADA ARCINIEGA KARLA JOHANNA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18307	MAZUCA LOPEZ LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18308	ESTRADA AVILA LEILANI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18309	QUIÑONEZ NAVARRETE KARLA IBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18310	BELTRAN DEL RIO MORALES ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18311	BELTRAN PRIETO ASHLEY REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18312	CHAVEZ MONTES KARLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18313	RODRIGUEZ CHAVEZ ANDREA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18314	RODRIGUEZ PAYAN VIVIANA IMELDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18315	RAMIREZ FLORES GENESIS FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18316	CARRILLO . LESLY TAMARA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18317	MEDINA GOMEZ LAISHA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18318	TORRES HOLGUIN EDGAR JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18319	GANDARA RODRIGUEZ FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18320	BONILLA BOJORQUEZ NUBIA ONEIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18321	GUERRERO MIRAMONTES SAMANTHA AYLEEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18322	PALACIOS CHAVEZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18323	MARTINEZ GARCIA MARIA YAMILET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18324	CORRAL LERMA EMMANUEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18325	PEREZ REYES LAURA ITZEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18326	FONSECA LOYA OSCAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18327	DIAZ SANTOS SARAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18328	DE LA ROSA RAMIREZ MARIO ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18329	PORRAS RODRIGUEZ YANTZI GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18330	JURADO ZARAGOZA SANDRA ARACELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18331	DOMINGUEZ OTERO ANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18332	NARANJO CASTREJON JOSE MANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18333	MIRAMONTES VARELA BRAULIO ISAAC	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18334	TOLEDO CRUZ SILVANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18335	GARCIA REYES ANGEL LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18336	PERCHEZ REYES AYLIN MARGARITA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18337	HERNANDEZ ENRIQUEZ ALAN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18338	CASTILLO HERNANDEZ JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18339	MARTINEZ TERRAZAS ALFREDO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18340	CARRASCO CAHUM MARIA NIKTEHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18341	CARRILLO MENDIAS YAHIR FERNANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18342	MATA LOPEZ LUIS ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18343	CARRASCO CAHUM SAKNIKTE MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18344	ROMANO CHAPARRO LUISA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18345	GALLEGOS CORRALES JUSTINNE IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18346	CRUZ ONTIVEROS WENDY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18347	VAZQUEZ VAZQUEZ JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18348	GARCIA HERNANDEZ JUAN PABLO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18349	RODRIGUEZ LUNA YOSSEMITE GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18350	ALVARADO THOMAS MELANIE EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18351	MARRUFO LOZANO ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18352	GONZALEZ LOPEZ BETZABETH JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18353	MARTINEZ ROMERO GRECIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18354	HERMOSILLO RASCON FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18355	SIGALA GUTIERREZ JENNIFER NATALY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18356	GUERRERO JACQUEZ WENDY MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18357	FLORES POLANCO OSCAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18358	HINOJOS MARTINEZ JESUS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18359	RODRIGUEZ DE LA TORRE ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18360	AVILEZ HERRERA PERLA KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18361	TENA MIRANDA ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18362	GONZALEZ HERNANDEZ JUANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18363	HERNANDEZ ENRIQUEZ NANCY VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18364	GONZALEZ MENDEZ HECTOR EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18365	TORRES DOMINGUEZ KARLA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18366	LOZANO NACIF FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18367	RIVERA LOYA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18368	BLANCO VILLA SOFIA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18369	NEVAREZ ISLAS YOSSELYNN	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18370	MENDOZA PEREZ YOSSUNI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18371	RUIZ TALAMANTES LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18372	PALACIOS PORTILLO JORGE ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18373	CABELLO SALAIZ YADIRA ADILENNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18374	ALARCON OLIVAS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18375	FLORES MARTINEZ LETICIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18376	TORRES LOPEZ TELMA GRICELDA	58	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18377	GARCIA ALVAREZ VIOLETA VANESSA	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18378	SOTO CASTILLO HEYMI JIRIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18379	ARMENDARIZ ARAGON HANNAH MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18380	VILLARREAL MOTA KEVIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18381	BORJA DOMINGUEZ ALAN ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18382	ARRIETA MENDOZA ROCIO GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18383	ARAGON CISNEROS REYNA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18384	SOLIS JIMENEZ JESUS IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18385	ACOSTA PEREZ JOSE FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18386	MUÑIZ ESTRADA MIRKA ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18387	MALDONADO PARGA ZAID ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18388	TAMEZ MORALES JESSICA VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18389	MOLINA CHAVIRA FABIAN OSWALDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18390	SANCHEZ BACA DANIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18391	GARCIA MARTINEZ AXEL BENJAMIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18392	HERRERA DE LA TORRE ALONDRA GUADALUPE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18393	VALENZUELA HERNANDEZ MARIJOSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18394	PARRA HERNANDEZ WENDY PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18395	FIERRO VALENZUELA YEIMI ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18396	SANDOVAL CARDENAS GABRIELA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18397	RUIZ MONTAÑEZ TANIA FERNANDA	15	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18398	RIVAS SALMERON MIRIAM MAGALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18399	OVALLE MOLINA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18400	SANCHEZ RODRIGUEZ AARON FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18401	HOLGUIN GUEVARA PRISCILA ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18402	ACOSTA TREJO LUZ DANELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18403	DIAZ HERNANDEZ WENDY PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18404	AMADOR DOMINGUEZ MAYRED	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18405	MARTINEZ GUTIERREZ XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18406	NEVAREZ MONTANTES XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18407	SALAZAR ALEMAN GABRIEL ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18408	CORONADO REVELES LESLIE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18409	RAMIREZ PEREZ CHRISTIAN ISSAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18410	BUSTAMANTE LEOS SILVIA JETZEMANI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18411	CORONADO MENDIETA MELISSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18412	RODRIGUEZ RIVERA PAULA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18413	TERRAZAS BERSOZA ANA VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18414	VALDEZ VILLARREAL ANDREA CRISTINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18415	RODRIGUEZ DERMA OSMAR GILBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18416	MORALES FUENTECILLA DANIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18417	CHAPARRO BACA ZAYRA YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18418	RODRIGUEZ RAMIREZ JESUS ISSAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18419	MEDRANO CHAVEZ FELIPE ALEXIS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18420	PALACIOS CISNEROS ANGELA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18421	CORTES CORDOVA BRIAN ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18422	CHAVIRA RAMOS GICELA MARIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18423	TORRES HERNANDEZ ALICIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18424	GONZALEZ GRAJEDA YEIMI PAMELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18425	GONZALEZ GALLEGOS CLAUDIA GISSELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18426	RABAGO GONZALEZ YSAC	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18427	SALINAS PUCHETA OSCAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18428	ALANIS JUAREZ YTZEL ALEXANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18429	ESPINOZA RUEDA MARIANT ISABELL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18430	ALVARADO TORRES ZEIDY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18431	MORALES GARCIA JOSE ALFREDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18432	RIVAS LOYA SERGIO ELIHU	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18433	NATIVIDAD MORALES DAYANA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18434	LOPEZ CASTILLO ALEXIS ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18435	MIRANDA CONTRERAS YTZEL NOHEMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18436	FLORES GINER ERIK	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18437	PALMA SALINAS YASEL FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18438	MARTINEZ FELIX CESAR ANDREE	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18439	GALAVIZ MURUATO JAZMIN GUADALUPE	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18440	GUTIERREZ RIVERA MARCO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18441	RODRIGUEZ LUNA MARICRUZ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18442	GONZALEZ MUÑIZ SEBASTIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18443	GAMEROS IBAÑEZ LUIS ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18444	HERNANDEZ HERNANDEZ EVELIN ZARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18445	MIRANDA ALVAREZ FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18446	VILLEGAS MORENO GLENDA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18447	GONZALEZ HERNANDEZ ITZELL CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18448	LOPEZ ANAYA KIMBERLY DEYANNA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18449	BORJA NUÑEZ DIANA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18450	CARRASCO ARGUELLES LIZETH ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18451	BLANCO SILVA KENIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18452	CHAPARRO FRANCO JESUS URIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18453	ESCANDON MIRANDA LUIS ANDRES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18454	ORTEGA LEONI JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18455	MORENO FERREYRA ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18456	RAMIREZ MORALES FRIDA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18457	ZAPATA ZURITA AYLEEN MARCEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18458	MACIAS . GAEL ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18459	DE LA ROSA MORALES JUAN JOSE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18460	VILLALOBOS PEREZ LITZY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18461	VILLA ACOSTA DULCE MARIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18462	COTA MARIN GUSTAVO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18463	PEREZ MIRAMONTES NANCY GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18464	GARCIA FIERRO ANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18465	DELGADO BUENO RICARDO MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18466	RAMIREZ VILLESAS SAUL ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18467	OLIVAS ANDRADE ADRIANA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18468	BAEZA FAUDO DENISSE ANETT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18469	MARTINEZ ESTRADA MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18470	LOPEZ TARANGO CARLOS EMIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18471	ROJO TREVIZO CESAR URIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18472	AGUIRRE MEZA FATIMA YUMIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18473	MARQUEZ ESCUDERO ANA PAULA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18474	VALLES CASTILLO BIBIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18475	MARQUEZ ESCUDERO MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18476	DIAZ HOLGUIN JOHANNA SARAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18477	SALCIDO BETANCE SALVADOR ISRAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18478	ORTEGA RODRIGUEZ MARITZA NAHOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18479	OLGUIN OCHOA ANGEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18480	AVILA SEGUNDO AMERICA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18481	GONZALEZ DE LA TORRE JOAQUIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18482	IBARRA CAMACHO JUAN CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18483	HERNANDEZ MOLINA DENISSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18484	PORTILLO JIMENEZ SAMUEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18485	CASTILLO ZAMARRON KAREN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18486	TARANGO ALDAZ EVELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18487	RAMOS GONZALEZ PAMELA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18488	VEGA AVILA JESUS IVAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18489	VAZQUEZ ESCARCEGA EVELYN ARIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18490	GALVAN LEYVA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18491	ESTRADA ESPINOZA GLORIA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18492	AVILA GUILLEN JUAN FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18493	MIRANDA JIMENEZ DIEGO ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18494	CASTRO CAMPOS JAZMIN LUCERO	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18495	LEAL MARTINEZ JESUS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18496	SANCHEZ SOLTERO GABRIEL EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18497	ORTIZ QUINTANA ALONDRA SUGEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18498	ESCOBEDO GALDEANO ALONDRA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18499	DOOR TREVIZO SELENE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18500	RAMIREZ HINOJOS GINNA ISABELLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18501	RODRIGUEZ HERNANDEZ LUIS ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18502	GOMEZ RIOS SOCORRO	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18503	GARCIA CHAVEZ DAVID ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18504	CARBAJAL MUÑOZ JESUS MANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18505	PALMA VILLASEÑOR MANUEL DIONICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18506	DELGADO MUÑOZ ALDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18507	PONCE DE LEON ARMENDARIZ YAZMIN	43	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18508	ROMERO NAJERA RAUL AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18509	RODRIGUEZ CISNEROS ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18510	VALLES JAQUEZ CARMEN DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18511	RODRIGUEZ ROJO KAREN GISEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18512	LOZANO RAMIREZ ALBA MARIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18513	PAEZ RUIZ ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18514	FIGUEROA GARCIA MARIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18515	RODRIGUEZ ESCARCEGA KARIME LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18516	MORALES MORALES SAMUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18517	BERNAL AREVALO GAEL FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18518	CHACON CAMACHO ANIA ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18519	RASCON VALDEZ JOSELYN IBEET	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18520	RAMIREZ REDE JASSEL PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18521	NIETO RAMIREZ JESUS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18522	NEGRETE SANTOYO ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18523	BUSTILLOS URIBE JOSE YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18524	GONZALEZ HERNANDEZ YACKEHIRY YARAZET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18525	VAZQUEZ ACOSTA YAXEL ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18526	LARES ROBLES LUISA MARGARITA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18527	RUBIO CABRIALES MANUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18528	HERNANDEZ ALVIDREZ DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18529	MARTINEZ BALDERRAMA MONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18530	ARMENDARIZ MORENO ITZEL VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18531	GAMEZ CORRAL NAYLEA DARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18532	MARTINEZ CHACON ANGEL RAUL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18533	RUIZ BENCOMO ANA REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18534	RODRIGUEZ RUBIO FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18535	SAMANIEGO SALAZAR AGUSTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18536	VILLANUEVA PUERTA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18537	ARBALLO QUIROZ MAURO ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18538	GARCIA ORTIZ LYNDA ARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18539	GUTIERREZ ACOSTA AXEL ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18540	CARO ESTRADA ASHLEY MADAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18541	SALAS MENDEZ MIRNA MICHEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18542	REZA JURADO SANTIAGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18543	HURTADO ZAMARRON AYLIN GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18544	CARRETE CEDILLO SARAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18545	GUTIERREZ ROCHA ZEYDI MARCELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18546	CASTILLO NEVAREZ SONIA YAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18547	VEJAR RAMOS DAFNE YARETZI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18548	LOPEZ MACIAS XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18549	GARDEA OCHOA DAVID ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18550	PEREZ ALVARADO ANGELICA VIOLETA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18551	SAENZ GONZALEZ PALOMA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18552	MARQUEZ PRIETO XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18553	SOTO AVILA JOCELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18554	DIAZ HERNANDEZ VALERIA ARMIDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18555	MATA BOLAÑOS PEDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18556	FRANCO MORALES JOSE FRANCISCO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18557	GONZALEZ TARANGO HUGO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18558	GONZALEZ GARAY MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18559	FRANCO MORALES JOSE HUMBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18560	DAMIAN LARA SAMARA JOCABED	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18561	BARRAZA REYES LUZ MARIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18562	BERMUDEZ HOLGUIN PAULA ISABEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18563	RIOS LOERA JESSEF EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18564	RODARTE REMUSAT GRISELL MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18565	BAÑUELOS VILLA HORACIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18566	MORALES RUBIO DIANA MARCELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18567	CARDONA LOPEZ EUNICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18568	MARTINEZ RUIZ ANA PAULA	15	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18569	GARIBAY GARCIA ANA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18570	ANDREW CHAVEZ OLIVER DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18571	MARTINEZ RUIZ PAUL EMILIO	15	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18572	CHAVARRIA BERNAL RAMON ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18573	LECHUGA CONTRERAS LESLIE ALEXANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18574	DOMINGUEZ HERNANDEZ HUGO EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18575	REYES RICO DARELY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18576	ANGULO TORRES VICTOR MANUEL	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18577	MADRID ALMODOVAR LUISA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18578	VAZQUEZ BARRIGA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18579	LECHUGA AGUILERA ERIK IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18580	DELGADO DELGADO JAVIER EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18581	GUTIERREZ GUTIERREZ JANETH GISELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18582	GARCIA TREVIÑO ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18583	ZAMORA HERNANDEZ ZAIRA YURIDIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18584	DELGADO VILLAGRAN ISAAC DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18585	CANO . ISAAC YAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18586	GALLEGOS BUSTAMANTE JOEL IRAD	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18587	SOTO ONTIVEROS BRISIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18588	MORALES RODRIGUEZ PAMELA JULISSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18589	CUETO VILLA JORGE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18590	MORALES PEREA YULIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18591	CARRILLO BACA BEYDA SELENE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18592	LOPEZ MONZON SAMANTHA JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18593	RAMOS NAJERA FERNANDO ULISES	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18594	RIVERA VALENZUELA FERNANDA YAMILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18595	VALLES ARROYO JESUS ALFREDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18596	LOZANO PORRAS DANIEL JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18597	RODRIGUEZ RICO CLAUDIA JOALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18598	MUÑOZ CANO ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18599	AMAYA PRIETO ANDRES	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18600	DOMINGUEZ SERNA KAREN AMAIRANI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18601	RUBIO BAEZA RAMON ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18602	HOWLET RUELAS ANGEL AZIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18603	CALDERON AGUILERA VIANEY BERENICE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18604	BALDERRAMA RODRIGUEZ PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18605	RAMOS PARRA CLARISSE IVONNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18606	CARREON REYES XIMENA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18607	ORDOÑEZ CONTRERAS EDGAR OMAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18608	FERNANDEZ LEGARRETA XIOMARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18609	RODRIGUEZ URIBE LUIS ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18610	BUSTILLOS URBINA XOCHIL ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18611	ALDAZ FRIAS DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18612	FIERRO DOMINGUEZ AIME MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18613	SERRANO ALBA CARLA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18614	FLORES FIERRO MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18615	PORTILLO MOYA ALONDRA MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18616	MEDINA AGUIRRE ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18617	MEDINA AGUIRRE GENESIS ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18618	LOYA ESCOBAR YANILKA EDITH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18619	RAMIREZ CARO SOFIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18620	BATISTA CARRASCO YULISA ADANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18621	BUSTILLOS ZUBIA YADIRA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18622	AGUIRRE HERNANDEZ ARLET MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18623	CARDENAS CANO SAYRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18624	MADERO FERNANDEZ ANA CRISTINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18625	ISAIAS ZAMARRON VEYDA JHARELLI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18626	GARCIA ORONA LIZETH ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18627	ALMANZA BLANCO SOFIA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18628	TREJO ACOSTA PAULINA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18629	JUAREZ VERA IRIS ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18630	VILLANUEVA BAILON DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18631	VILLAR GARCIA GITZEL DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18632	RONQUILLO SAENZ PARDO LIBNA SARAI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18633	PERLA ALVELAIS EVER ZAID	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18634	HERNANDEZ ABUNDIZ AMERICA GORETTI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18635	HINOJOS DANIEL OSCAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18636	SANTOYO COLUNGA DIANA KIMBERLY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18637	RUIZ ACEVES JUAN ADOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18638	LOZANO CARRERA ESTEFANIA MONSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18639	RIOS MANRIQUEZ DANIELA ALINKJALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18640	AMBRIZ MIRANDA OLIVER GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18641	VARGAS CHAVEZ NAYDELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18642	PEREZ CALDERON ZAIRA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18643	TORRES LAGOS XIMENA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18644	PARRA QUIÑONEZ ADRIAN FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18645	SALAZAR CASTRO DIEGO RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18646	GARCIA CEDANO ZALET FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18647	HERNANDEZ RAMOS LUIS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18648	LOZOYA ORTIZ JESUS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18649	PEINADO SAENZ HEIDY JUSALETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18650	CERNA BANDA JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18651	MANCHA RODRIGUEZ ALAN YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18652	TERAN DUARTE KARLA DARINKA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18653	ZAMARRON DIAZ NATALIA AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18654	MARTINEZ MATA KARLA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18655	PALACIO CEBALLOS AILEN ABIGAIL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18656	VILLALOBOS ZARAGOZA JORGE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18657	MUÑOZ VASQUEZ MANUEL HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18658	SIQUEIROS CAMARGO FRIDA HIDEKEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18659	BEJARANO RIVAS KARLA YANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18660	MARQUEZ LOPEZ BRENDA BELEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18661	SIGALA CORRAL ALONDRA YAMILE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18662	MENDOZA VILLA YULISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18663	MARTINEZ RUIZ FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18664	OTSUKA ARAGON YAHAIRA NAOMI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18665	RONQUILLO ESPINOZA ATZIN YAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18666	CERA CAMPOS GRECIA NAOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18667	QUIÑONEZ LOPEZ KASSANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18668	ARELLANO GARCIA YURITZY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18669	ARELLANO GARCIA YUKARY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18670	MARTINEZ VALLES CESAR ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18671	BELTRAN ROMERO ADILENE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18672	MACIAS MUÑOZ PEDRO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18673	NIETO NIETO MARIO ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18674	CASTILLO TORRES MELANNY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18675	MEZA SILVELO VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18676	GONZALEZ RETANA LUZ ELIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18677	ROSALEANO VARGAS GUILLERMO ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18678	CRUZ CHAPARRO CINDY ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18679	RIVERA ROBLES ZAIRA SARAI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18680	CARBAJAL JAUREGUI DALLANE DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18681	VALTIERRA PAYAN AXEL EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18682	LECHUGA AGUILAR ANDREA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18683	GONZALEZ VERA RUDY GUILLERMO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18684	ZUBIATE ARMENDARIZ DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18685	AVILA ROMERO EVELYN YEDID	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18686	SALAS MONTOYA JONATHAN ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18687	HERRERA VAZQUEZ IAN ANDREE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18688	MADRID CARRILLO BRAYAN JAZIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18689	FLORES GALLEGOS AXEL ERUBIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18690	VILLEGAS SERRATA ANDREA ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18691	OJEDA GUTIERREZ YAHIR DE JESUS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18692	CONTRERAS MARTINEZ RITA ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18693	GUTIERREZ BENAVIDES BEATRIZ ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18694	CASTRO PADILLA JOSE EDOARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18695	SALINAS RIVERA ZELTZIN ELENA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18696	VICENCIO SANCHEZ LESLIE JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18697	PULIDO TREVIÑO NUBIA DENISSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18698	VEGA RAMIREZ SAMARA JOALY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18699	PARRA PRADO DULCE MARIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18700	MARQUEZ VALENZUELA DULCE SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18701	ROJAS BEJARANO NAYDELIN YERUSI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18702	PRIETO DURAN LEONEL JONATHAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18703	CONTRERAS MARTINEZ RITA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18704	BARBOZA AYALA ALEXIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18705	OLMOS LOERA VANY DAMARIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18706	ORTIZ TREJO ZERETH ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18707	SALCIDO VAZQUEZ ALISON DOMINIQ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18708	BARRAZA LEGARDA VERONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18709	MENDOZA ARANDA ISAAC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18710	CHAIRES ESPINO FRANCISCO JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18711	ACOSTA MARTINEZ LUIS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18712	OROZCO HERNANDEZ LUIS ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18713	CEPEDA ENRIQUEZ FRIDA ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18714	CHACON RODRIGUEZ SERGIO GIBRAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18715	RODRIGUEZ ALAMILLO YULEN VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18716	VALENZUELA MARTINEZ DULCE PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18717	CAMACHO TERRAZAS DIEGO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18718	LANDEROS QUEZADA YAIRA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18719	MONTOYA GUZMAN ASHLEY JOCELYN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18720	CHAVEZ CRUZ ORACIO AVIDAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18721	CHAVEZ LEGARDA ALEXIS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18722	RAMOS CRUZ JESUS MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18723	GUADERRAMA PRETALIA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18724	CARRASCO SOLIS PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
18725	BERNAL CISNEROS YAMILA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18726	PORRAS VIGIL LILIANA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18727	MENCHACA TORROELLA ANA CRISTINA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18728	CHAVEZ SERVIN JUAN ANTONIO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18729	DE LA TORRE RAMIREZ MARIA VIRGINIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18730	MORALES ACEVES ANA ALEJANDRA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18731	CHAVIRA RENTERIA ZEUS ABRAHAM	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18732	RODRIGUEZ BAEZA MONICA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18733	GOMEZ MENDOZA YANELI	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18734	ROJAS SILVA MARCELA SOFIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18735	SALAZAR TAVAREZ ADRIANA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18736	BORUNDA SAENZ DANIEL GERARDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18737	RODARTE BANDA YANET ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18738	MAGDALENO DEL RIO LENIN ALEXANDER	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18739	QUIROZ CHACON EDUARDO JOSUE	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18740	PEÑA SALMERON ARELY YARITZA	18 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18741	REYES VILLAR DIANA LAURA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
18742	ESTRADA CRUZ LUISA FERNANDA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18743	RODRIGUEZ SANTANDER ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18744	TAMEZ RODRIGUEZ JESUS EMILIANO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18745	RIVAS TORRES KAREN ANGELICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18746	ZUBIA MENDOZA ZIDUMEY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18747	GARCIA MOLINA BRAYAN MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18748	GARCIA MARES ALAN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18749	TALAMANTES MARTA MASSIEL AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18750	MARTINEZ BORUNDA TESSIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18751	GONZALEZ GONZALEZ ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18752	MAZUCA MARTINEZ MEGAN YASSIEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18753	DOMINGUEZ BUSTILLOS JORGE ALEXANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18754	MARTINEZ MOLINA ESTRELLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18755	GUTIERREZ MENDOZA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18756	ALVARADO GASCA DIEGO MAURICIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18757	TREJO MARTINEZ VANELLY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18758	CARRASCO CEPEDA CARLOS DIZAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18759	VAZQUEZ VAZQUEZ ZAYRA YAEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18760	ARZAGA CASTELLANOS JUAN HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18761	BACA RIOS CESAR ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18762	CERVANTES GALARZA MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18763	VALVERDE PALACIOS JANETH VERONICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18764	NAJERA FRAUSTO VIVIANA YEXALEN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18765	URIAS TORRES LESLIE JOANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18766	REZA PEREZ ARAHAM DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18767	MONTAÑEZ VICENTE YANETT	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18768	CIGARROA CISNEROS MARLENNE HAYDE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18769	ZUBIA OLIVAS LUIS CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18770	SCOBELL CONTRERAS EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18771	HERNANDEZ GUTIERREZ JOEZER ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18772	QUIÑONEZ SIGALA ITZURY YUZALET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18773	CHAVEZ GARCIA PEDRO JOSE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18774	BACA LOZANO OSCAR ROBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18775	CRUZ LUJAN CLAUDIA IRLANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18776	QUINTANA ORTIZ ALEJANDRA ISABELLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18777	PORRAS ROMERO KENNETH	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18778	ANTILLON ORTIZ SAIRA DENISSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18779	CALDERA ZUBIA PEDRO RAMON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18780	PANDO GONZALEZ ERICK EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18781	GONZALEZ MENDOZA ZAID JOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18782	GOMEZ CARAVEO JHONNATHAN ALFRED	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18783	PEREZ MARIN IRVIN ADRIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18784	VENZOR MORALES KARLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18785	ORTUÑO DELGADO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18786	QUIÑONEZ CARDENAS JESUS FABIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18787	ARENIVAR BARCO ILEANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18788	OLIVAS GANDARILLA AXEL EFREN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18789	MARQUEZ DUEÑEZ JOSE ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18790	ALVIDREZ PACHECO SERGIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18791	PEREZ BELTRAN INGRID ELENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18792	RAMIREZ PORRAS IXIEL FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18793	GONZALEZ DIAZ YOSSELIN JACQUELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18794	LOZANO PIÑON VALERIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18795	ARELLANES PEREZ MIRIAM FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18796	FERNANDEZ CARDOZA JESUS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18797	LOPEZ SOSA LUIS GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18798	APARICIO JIMENEZ ITZEL MONSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18799	ABDOH LUCERO ABRAAM KAMAL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18800	ESTRADA ROMERO OSCAR ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18801	HERNANDEZ GONZALEZ MARIANA JAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18802	CAMUÑEZ SALAZAR JOHANA MARVEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18803	ACOSTA LINO HILLARY LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18804	LOPEZ PARRA CARMEN FABIOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18805	OROZCO VAZQUEZ MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18806	MANNINGS MARTINEZ ALONDRA AZUCENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18807	GIRON SIERRA GUILLERMO ALFONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18808	BARRON HURTADO YAQUELIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18809	BONILLA TRINIDAD ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18810	TORRES OLIVAS MANUEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18811	TOVALI HERNANDEZ MAURICIO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18812	JUAREZ MARTINEZ MARIA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18813	TERRAZAS GALLEGOS YARAVI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18814	GARDEA CHACON YARELI GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18815	LOYA GUZMAN ADAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18816	GUERRA DE LA ROSA JAVIER ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18817	DOMINGUEZ MARQUEZ YULIZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18818	AQUINO SALDIVAR ZARED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18819	ZARZA ALVAREZ NAOMI ARLENE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18820	ALMAZAN FLORES JUAN MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18821	LOPEZ GOMEZ YARELI JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18822	IBARRA CABALLERO ABRIL ANAYANSI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18823	ORPINEL PALMA ANDRIK SEBASTIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18824	MENDOZA ARAGONEZ YARELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18825	DOZAL PAYAN MARIO ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18826	ARZAGA REYES PAULINA OYUKI	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18827	ALVARADO RODRIGUEZ YOENA CECILIA	44	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18828	QUEZADA LOERA YARENIS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18829	DOMINGUEZ HERNANDEZ YAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18830	PONCE ANDRADE ASTRID VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18831	PASTRANA REYNA YOSELIN YEMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18832	MUÑOZ MORENO DAYANA ARLETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18833	QUINTERO DELGADO AYARI MADAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18834	DELGADO MANJARREZ EIMY ESMERALDA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18835	AREVALO ALONSO KEVIN ISRAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18836	ANAYA BAÑUELOS MARIA AZUCENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18837	DE LA FUENTE SILVA CLAUDIA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18838	LOERA PEREZ BELEM	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18839	ARMENDARIZ CHAVARRIA JAIR LENIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18840	CASTILLO ALCALA FELIPE ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18841	SIGALA VAZQUEZ JOSELIN JOHANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18842	CASTILLO ROJO RICARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18843	OCHOA CASAS SERGIO ASAHEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18844	MARTINEZ MEDINA ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18845	BETANCE FIERRO GIBRAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18846	BALBUENA HOLGUIN ZUJEIDI ABIGAIL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18847	RODRIGUEZ GUTIERREZ YESSICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18848	VILLEGAS DOMINGUEZ YAHIR JARED	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18849	ROMERO BOCANEGRA RODRIGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18850	ROJAS SIGALA PAMELA MICHELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18851	HERNANDEZ GONZALEZ LUIS ANTONIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18852	PEREIDA CONTRERAS VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18853	BAEZA MIRAMONTES RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18854	VILLEGAS CASAS SALVADOR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18855	CASTRO MINGURA JOHANA LIZETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18856	CAUDILLO RIVERA JESUS EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18857	PORTILLO ASSMAR SARA ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18858	GARCIA MONTES ANA DENISSE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18859	SAMANO HERRERA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18860	PARRA HERNANDEZ NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18861	GALAVIZ PONCE ELIZABETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18862	VELOZ ALMAZAN PEDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18863	LOPEZ MUÑOZ LESLY FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18864	ORTEGA RODRIGUEZ LORETO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18865	GONZALEZ VILLA FERNANDA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18866	HERRERA DOMINGUEZ EMILIANO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18867	MORALES GARCIA JESSICA MIREYA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18868	CHAPARRO LOYA IRIS EDITH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18869	FERNANDEZ MUÑOZ LEHI ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18870	CONTRERAS CERVANTES LITZY NAHOMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS			Coberturas y sumas aseguradas							
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
18871	FLORES MENCHACA ADRIANA LIZBETH	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18872	HERNANDEZ HERNANDEZ ANA CRISTINA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18873	CORDERO CHAVARRIA HECTOR AARON	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18874	MORALES RUIZ GAEL ORLANDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18875	MORALES ROCHA DAVID ARTURO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18876	VARGAS BURGOS ZAMIRA JUDITH	26 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18877	RIZO LOPEZ CARLOS ENRIQUE	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18878	OLIVAS GARCIA ARELY DAYANARA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18879	CHACON ORDUÑO MARTIN EDUARDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18880	ALVARADO ANAYA ARMANDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18881	CARBONI SANCHEZ ALEXA SELENE	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18882	SOTELO TREVIÑO JORGE IVAN	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18883	ARMENDARIZ SANCHEZ JONATHAN ARMANDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18884	LOPEZ BUENO ANDREA VANESA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18885	SOSA VALLES ANDREA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18886	MERAZ BELTRAN CARMEN BELEN	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18887	MORENO BACA YAZMIN	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18888	MONTES CASTAÑEDA SAUL EDUARDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18889	HOLGUIN VELEZ DAVID RODOLFO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18890	RUIZ BERMUDEZ IRAM LEHI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18891	CAZARES GUTIERREZ KARLA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18892	LUGO ALDANA DAVID EUGENIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18893	MONREAL CARRASCO LUISA NOHEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18894	SALAYANDIA GARCIA PERLA KARELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18895	CASTAÑEDA OLIVAS FRANCISCO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18896	QUINTANA VALLE YURI IZMIR	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18897	ITUARTE MUÑOZ DANIELA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18898	FLORES FRANCO ZAYDE STEPHANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18899	VILLALOBOS HERRERA ANA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18900	HERRERA CALZADILLAS JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18901	NUÑEZ ESCARCEGA EVELYN LIZBETH	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18902	NIETO SALGADO YULIANA MARIA	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18903	SAENZ ACOSTA ANAIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18904	TORRES GARCIA RICARDO SEBASTIAN	16	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18905	RENTERIA ALARCON STEFANY LOURDES	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18906	ORDUÑO FERNANDEZ FATIMA IVONNE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18907	CARDOZA SOTO ESMERALDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18908	GUTIERREZ OROZCO BRIAN NOEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18909	MORALES OCHOA JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18910	MARTINEZ RUIZ EVELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18911	VIRAMONTES RUIZ YAZMIN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18912	LOPEZ QUIÑONEZ ANGEL ALONSO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18913	RASCON OLIVAS MARCO ANTONIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18914	RENTERIA PINELA AMERICA ADRIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18915	ANDAZOLA MIRAMONTES ANDREA CECILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18916	LOPEZ HIDALGO MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18917	PALACIOS HINOJOS ANGELA PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18918	GARCIA GOMEZ SONIA MARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18919	CARDENAS JIMENEZ JOAQUIN EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18920	BARRAGAN MARQUEZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18921	MARTINEZ VARELA ANEL MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18922	HOLGUIN LUNA NATZIELI NOHEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18923	MORALES CONTRERAS LEONARDO ARIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18924	LEVARIO . ROGELIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18925	URIBE SANDOVAL ROGELIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18926	REYES MARTINEZ OSCAR EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18927	TARANGO VAZQUEZ JOSELIN MABELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18928	DOMINGUEZ CAMUÑEZ KAREN XIMENA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18929	MUÑOZ DELGADO BRYAN OSBALDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18930	BARSENAS SANTIAGO JOEL ARTURO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18931	JAQUEZ DOMINGUEZ PATRICIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18932	BEJARANO OLIVER HANNIA VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18933	LOPEZ MENDOZA MARIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18934	HERRERA CHAVIRA JESUS DAVID	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18935	GONZALEZ CHACON IVAN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18936	PARRA BRIONES KENIA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18937	CALDERON ARROYO JUAN PABLO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18938	LOPEZ CERVANTES JENNIFER ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18939	SOTO RAMOS ZERETH VIVIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18940	SALAIRES MELENDEZ GRECIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18941	RAMIREZ CHAVEZ FATIMA JOHANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18942	FONTES SAENZPARDO NAYLETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18943	OTERO HERNANDEZ JESUS ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18944	OCHOA QUEVEDO ALESSA ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18945	FIGUEROA RENTERIA VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18946	SILVEYRA SALDAÑA STEPHANIE RUBI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18947	QUIÑONEZ MOLINA ANETTE PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18948	LUNA LEVARIO VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18949	JUAREZ QUIROZ JUAN URIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18950	CARRASCO SALAZAR VALERIA JUDITH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18951	FLORES TORRES ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18952	TENA HAGELSIEB JOSE RAMON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18953	BELTRAN ROSALES JORGE ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18954	ESCOBAR TRUJILLO YOLANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18955	MEDEL CARDONA JADE MARISOL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18956	MARTINEZ MARTINEZ DEL RIO NOHELI SARED	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18957	PEREA RODRIGUEZ EDGAR TOMAS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18958	GONZALEZ FIERRO AMERICA PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18959	AGUIRRE VAZQUEZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18960	MONTAÑEZ HERNANDEZ JOSE ALAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
18961	MENDOZA FAVELA ROBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18962	CHACON RENTERIA YAZIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18963	GAYTAN CUELLAR CARMEN MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18964	RAMIREZ MARTINEZ YOSHELIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18965	GARCIA GARCIA YULIZA YANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18966	NEVAREZ FAVELA ALAN MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18967	CORRAL DURAN YAZMIN ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18968	ACOSTA VAZQUEZ LEIDY MARIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18969	CONTRERAS GARDEA YANET MARGARITA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18970	MUÑOZ GAMBOA SAYRI BERENICE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18971	SAENZ LOPEZ YAZMIN CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18972	QUINTANA CHAVEZ ZONNIA DUNETSCHKA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18973	VENZOR ANDUJO KHIMBERLY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18974	GUTIERREZ ORTIZ GEORGINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18975	GUERRA SANCHEZ MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18976	QUINTANA MALDONADO EVELIN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18977	AYALA GRACIA ANA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18978	SAENZ SOTELO DALIA SUSANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18979	SALGADO ENRIQUEZ JESUS RODOLFO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
18980	VILLALBA TORRES ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS			Coberturas y sumas aseguradas							
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
18981	HERNANDEZ LOPEZ YAZMIN ESMERALDA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18982	ARIAS GARCIA DIEGO EDUARDO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18983	RIVAS CHAVIRA MARIA FERNANDA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18984	NEVAREZ VALLES ABDIEL GERARDO	18 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18985	ZAMORA CONTRERAS LUIS ANGEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18986	LEOS SAENZ MARIEL	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18987	GARCIA CHAPARRO MICHELLE AIDAHLI	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18988	CARRILLO MADRID JESUS DAVID	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18989	ALVIDREZ . EMELY MARIA	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18990	LOPEZ AYALA ESPERANZA DIMARIX	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18991	SANDOVAL ACOSTA YURIRIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18992	TARANGO MORALES LUIS NATANAEL	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18993	AGUIRRE MENDEZ FERNANDO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18994	ONTIVEROS MACIAS YAZMIN ITZEL	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18995	VILLALOBOS BANDA ALEXANDRA IVETH	19 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18996	DIAZ FERNANDEZ JUAN ANTONIO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18997	MONJARAS PEREZ ALONSO	19 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
18998	ESTRADA CARRILLO CAROL DAYLETH	18 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
18999	ANCHONDO LOPEZ MONICA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19000	CHAVIRA SANCHEZ BRIAN IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19001	BETANCOURT MIRELES DAVID ISAAC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19002	VELASQUEZ . BRAYAN ARAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19003	IRACHETA MARTINEZ ETZEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19004	GAXIOLA GARCIA JOSE ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19005	MURILLO HINOJOS ARMIDA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19006	RAMOS SALINAS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19007	CARRASCO CASTILLO EDUARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19008	ALVAREZ MONGE ALAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19009	ENRIQUEZ NAVARRETE NAOMI ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19010	RIVERA BALDERRAMA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19011	SILVA ORDOÑEZ FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19012	LOYA HERNANDEZ LAURA JIMENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19013	HERNANDEZ MARTINEZ KAREN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19014	DIAZ VELO ANGELA MARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19015	TERRAZAS FRANCO MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19016	VELAZQUEZ CASTILLO BRYAN ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19017	HOLGUIN HERNANDEZ EVELIN ANGELICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19018	CORDOVA GURROLA YUSSET IDALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19019	SANCHEZ PASILLAS ALEXIS ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19020	SANCHEZ MEDINA ANA PAULINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19021	HERNANDEZ SOTO DERIAN ALEXANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19022	ARAGON VARELA ERICK ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19023	SALINAS FLORES CRISTIAN ABRAHAM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19024	LECHUGA ARAGON DHALID VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19025	LOPEZ CORRAL FERNANDA LIZBETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19026	MARTINEZ HERNANDEZ RUBEN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19027	NUÑEZ RODRIGUEZ RAUL ARTURO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19028	GONZALEZ CHAPARRO LUIS ADRIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19029	RODRIGUEZ ORNELAS MARIO ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19030	ESCARCEGA HINOJOS HECTOR JAFETH	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19031	GARCIA MENDEZ EUNICE CRISTINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19032	MONJARAZ FLORES ZAIDE MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19033	ALVIDREZ ALMANZA ANA LILIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19034	DORAME VALENZUELA LIZBETH ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19035	TREVIÑO TAPIA ABBY NOEMI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19036	SILVA HERNANDEZ ANA PAULA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19037	SALAZAR GONZALEZ EDRIAN ARTURO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19038	ZALDIVAR ZALDIVAR YAZMIN LUCERO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19039	LOYA RODRIGUEZ DIEGO ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19040	GUTIERREZ BEJARANO YADIRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19041	GANDARA FLORES VIANEY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19042	ROSALES BELTRAN ASHLEY FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19043	ROMERO CANALES IVETTE ANAIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19044	BAEZA MARTINEZ JESUS GABRIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19045	VAZQUEZ RIVERO REGINA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19046	CAMPOS CHAVEZ ANA PAULA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19047	VALENCIA DOZAL KAREN NALLELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19048	GARCIA JUAREZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19049	VILLALOBOS BERNAL YEIMI ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19050	BORUNDA MENDIAZ JESUS JOSUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19051	IRIGOYEN PRIETO PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19052	SALCIDO LOZOYA DANNA SOPHIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19053	DE LA O ZARATE JESUS YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19054	DE LEON SALDIVAR LUISA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19055	RIOS AGUIRRE ESTEFANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19056	RUBIO CHAVEZ REBECA JACQUELINE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19057	DOMINGUEZ GUERRERO VERONICA DEL CARMEN	50	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19058	MARTINEZ RIVERA KIMBERLY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19059	NAJERA HUERTA ALISSON LORELEI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19060	BAQUERA SIFUENTES JOAN ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19061	PEREZ RODRIGUEZ EDWIN SEBASTIAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19062	CANO LOYA DAYRA ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19063	MARIN SOTO CARLOS GAEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19064	PEINADO VILLALOBOS ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19065	SILVA PINELA YALOANY YERALDY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19066	BAEZA CARRILLO ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19067	DIAZ RODRIGUEZ XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19068	JIMENEZ CERVANTES ASTRID FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19069	URIONABARRENECHEA GUTIERREZ MARIA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19070	RODRIGUEZ CHAVIRA IRIS VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19071	ESPINOZA SOLIS NORY SIYONAMI	15	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19072	SAENZ DOMINGUEZ KARIME RAQUEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19073	SOSA DE LA O JOSE ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19074	ALVAREZ ORNELAS ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19075	ARCINIEGA ACOSTA DIEGO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19076	SALAZAR ARELLANO ANGEL EMMANUEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19077	GUTIERREZ AGUIRRE DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19078	CASTILLO IBARRA JONATHAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19079	MONTAÑO PARRA ZAHIRA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19080	GUZMAN BAÑUELOS SERGIO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19081	RUIZ RODRIGUEZ KARYME	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19082	MARTINEZ MARQUEZ KARLA DENISSE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19083	QUIÑONEZ PEÑA JENNIFER FERNANDA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19084	VALLES DOMINGUEZ JAVIER NAHUM	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19085	MORENO CHAPARRO DALIA ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19086	RIOS BARRON AARON	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19087	SAPIEN ZUÑIGA ANA KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19088	BUSTILLOS GARCIA ANDRES	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19089	GARCIA ENRIQUEZ YEIMI NALLELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19090	LEYVA VILLA ITZAYANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19091	ARRAS VEGA KARLA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19092	DELGADO TORRES ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19093	GUTIERREZ ARMENDARIZ KEVIN JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19094	LARA RIVERA MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19095	CHAVEZ HOLGUIN ROMEL ORLANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19096	CORRAL GUTIERREZ ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19097	RANGEL SILVA MARIANA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19098	LANDIN NUÑEZ JOSE ALEXANDER	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19099	CARO REMBAO YADHIRA BERENICE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19100	OROZCO CAZAR SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19101	ESCAPITA GARCIA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19102	MATA CORDOVA GABRIELA MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19103	TOLEDO MEDINA MAURICIO ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19104	GARCIA FERNANDEZ JAZMIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19105	MARINO LOPEZ ZADDIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19106	ARELLANES MEDINA MELISSA ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19107	CARRILLO FLORES YENNI JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19108	ARAIZA VAZQUEZ ZAIRA CLARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19109	DUARTE DIAZ SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19110	GONZALEZ RODRIGUEZ SAUL ISAC	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19111	REY LUEVANO JOSE ANGEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19112	PEREZ VENZOR ZAIRA KARIME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19113	RUBIO RIOS CECILIA LIZETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19114	CORONADO AGUIRRE ZAYRA JAZMYR	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19115	IBARRA DURAN MARIA FERNANDA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19116	MONTAÑEZ ENRIQUEZ LUIS ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19117	SOTO ESPINOZA JORGE ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19118	SANCHEZ BOJORGE ITZEL EDITH	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19119	CARRASCO GARDEA ANGEL GIOVANNI	15	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19120	RUIZ OLIVAS IRLANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19121	GUTIERREZ TORRES JUAN LUIS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19122	TALAVERA FLORES DERECK SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19123	DIAZ RIVERA VARELA FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19124	MOLINAR GONZALEZ LUIS FERNANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19125	RAMOS VARGAS CAMILA HAYDE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19126	REGALADO LOPEZ MARIA VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19127	GONZALEZ MEDRANO VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19128	BELTRAN ANDAZOLA KARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19129	HERNANDEZ COLUNGA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19130	RODRIGUEZ DELGADO GRECIA FERNANDA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19131	DOMINGUEZ GOMEZ DANIA HAZELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19132	PEREYRA RASCON ASHLEY JOSELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19133	OCHOA YEPIZ YIDIANY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19134	JUAREZ BURGOS ZULEMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19135	LAMELAS CARREON ZAIRA ROSARIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19136	GONZALEZ SOLIS ZAYDA MELINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19137	DIAZ RIVERA ESTEBAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19138	CHAVEZ FLORES YOZHUAN ALEJANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19139	GONZALEZ CORDOVA GRECIA VANESSA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19140	FLORES CORRAL DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19141	GUTIERREZ SANCHEZ DANIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19142	ESTRADA DIAZ ANGEL ARMANDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19143	MELENDEZ VASQUEZ ALAN LEONARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19144	DOMINGUEZ CHAVEZ YESENIA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19145	SANTILLAN GALLEGOS YOANA KAREN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19146	ENRIQUEZ DE LOS RIOS ANA VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19147	RUIZ . YVES JOSEPH SINHUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19148	HOLGUIN ALANIZ ERICK DANIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19149	REZA ACEVES LUIS GAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19150	AVILA CAMPOS GUADALUPE ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19151	ARREOLA RODRIGUEZ JENNIFER AZUCENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19152	SALCIDO VILLANUEVA JOSSELYN JUDITH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19153	PARRA COLOMO VANESSA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19154	PEREZ BUENO DIANA MELISSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19155	MORALES CORRAL KENDALL NAHOMY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19156	GONZALEZ ALVAREZ JORGE GILDARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19157	REQUEJO BAZALDUA JESUS ANTONIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19158	VILLANUEVA RAMOS ADRIANA	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19159	CARRILLO VEGA MIRANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19160	BUSTILLOS FIERRO GABRIEL JESUS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19161	RONQUILLO AVELAR MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19162	MENDOZA CHACON KAREN ADELIN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19163	RODRIGUEZ QUEZADA KAREN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19164	ESTRADA PEREZ KARIME SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19165	VILLAGRAN FERNANDEZ CESAR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19166	SALAZAR MACIAS KAREN ARELY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19167	HERNANDEZ LOYA MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19168	RIVERA CARRILLO CIARIG MONTSERRAT	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19169	RODRIGUEZ RODRIGUEZ VANESSA NAYELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19170	DOMINGUEZ PARADA KEVIN ARMANDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19171	RIVERA CARRERA PAOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19172	DOMINGUEZ PARADA JUAN CARLOS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19173	ARTALEJO TRUJILLO ENRIQUE IGNACIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19174	REYES HOLGUIN ANDRES RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19175	ALEMAN SOTO SISSY ANNALEE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19176	ZARATE NUÑEZ ZORAYA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19177	CASTAÑEDA ARANDA JUAN LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19178	RIVAS SEGOVIA ALAN ALBERTO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19179	RODRIGUEZ PALMA DAYRA CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19180	CHAVIRA CAMPOS NAILEA ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19181	MARTINEZ VEGA RAMON EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19182	GONZALEZ GONZALEZ JESUS YAHIR	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19183	NUÑEZ HOLGUIN DANNA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19184	FLORES LAZO XIMENA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19185	AMPARAN MARTINEZ DULCE ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19186	NANEZ HERNANDEZ LIDIA ARACELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19187	LOPEZ MADRID AYLIN	16	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19188	ROSALES SALDAÑA TANIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19189	QUIÑONES DUARTE JAHEL ANETTE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19190	ANCHONDO AVILA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19191	CARRASCO DELGADO OBED	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19192	MORALES CARRILLO VALERIA SARAHÍ	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19193	ORNELAS VELAZCO ERIDANY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19194	GOMEZ FIERRO GISELLE ANAHI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19195	APODACA HERNANDEZ FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19196	ESTRADA ARTEAGA VANESSA MARCELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19197	MEDINA PONCE ANETTE DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19198	RASCON HERRERA ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19199	PIÑON AYALA EVER EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19200	MACIAS RODRIGUEZ DAMARIS ANALI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19201	PAYAN VILLEZCAS VANIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19202	HERNANDEZ ORPINEL FERNANDO ALI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19203	QUIÑONEZ PACHECO ALAN VLADIMIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19204	ALTAMIRANO RUBIO VALERY JACKELINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19205	PAYAN GUTIERREZ ANGEL LEONARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19206	RODRIGUEZ SALINAS YOSELIN JANET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19207	PIÑA NUÑEZ ERICKA DANIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19208	ACOSTA CARDONA ALEXA GEORGINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19209	DOMINGUEZ SAMUDIO ANETTE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19210	RUBIO MIRANDA YOSELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19211	GUEVARA SICAIROS YUCELLY ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19212	RASCON RODRIGUEZ JAZIEL IVAN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19213	CORONADO NEVAREZ ALBERTO YAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19214	VARGAS FAVELA KARLA ILEANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19215	ROMERO RAMOS ELMA NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19216	REGALADO MEDINA MARTIN ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19217	ARREOLA VAZQUEZ BELLA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19218	VELAZQUEZ PORTILLO ZAIRA JANETH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19219	ALBA CORONADO ZAMIR ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19220	SANCHEZ MARQUEZ YULISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19221	TARIN FIERRO ZAYRA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19222	AVILA CONTRERAS NILSE GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19223	TARIN ALMANZA ALBA INDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19224	ESCARCEGA PEREZ EVELYN ALEXA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19225	MOLINA GALLEGOS EVELYN GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19226	TORRES LOBO GUERRERO LUIS LEONEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19227	CHAVEZ MADRID YURIDIA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19228	GARCIA NAJERA DIEGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19229	LUJAN VILLEGAS EVELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19230	SANCHEZ SALDAÑA BRAYAN JAHIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19231	GUTIERREZ JULIMEZ ZAYRA KARIME	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19232	RAMOS VILLESAS LESLIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19233	ESTRADA CASTILLO ISRAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19234	MARIÑELARENA LOYA SEBASTIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19235	COTA SALAS DIEGO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19236	TORRES RAMOS YURITZY DENISSE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19237	CALDERON PORTILLO BRYAN ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19238	PEREZ BELTRAN ZAHID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19239	OCHOA ARMENDARIZ CARLOS JAMLEC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19240	SALAZAR SALAZAR ZAIRY ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19241	HERNANDEZ FRANCO ERIK	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19242	GABINO REMIGIO ALEXA ANAIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19243	ESTRADA VARGAS VALERIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19244	HERNANDEZ CASTAÑEDA JONATHAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19245	MARTINEZ BALDERRAMA ZAYRA JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19246	MARTINEZ VILLASANO JUAN MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19247	GONZALEZ COLOMO AMERICA VIANEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19248	HERRERA MACIAS ELDER RAFAEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19249	PEREZ NAVARRO XIMENA	15	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19250	GUERRERO GARDEA ALEXA ROCIO	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19251	CRUZ BENCOMO DALIA YULIAN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19252	ALBA GRANILLO DEBORAH ANDREE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19253	PERAZA PEREZ ZUGEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19254	LOZANO DE LEON KEVIN ODIN	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19255	VALDEZ SOTO ZYANIA YUNUEN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19256	DUARDO MORENO CLAUDIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19257	RIOS MEDINA ERIK DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19258	PORTILLO CRUZ ANGEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19259	RASCON PAREDES IRIS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19260	PEREZ MONTANEZ FERNANDA LIZETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19261	DIAZ ALVARADO ZULEIKA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19262	CORRAL . ESTHEFANY ALEJANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19263	OLAVE . YAHIR FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19264	SORIA FLORES STEPHANIE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19265	NAJERA ORTIZ MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19266	PIÑON MORAGA KIMBERLY ARALE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19267	LAM GAYTAN JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19268	GUERRERO HERRERA ZULEMA AIDE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19269	GONZALEZ CHAVEZ ALEXA ALONDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19270	PULIDO DURAN MIGUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19271	ORTEGA SOLIS ZAYRA YARIZDY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19272	NAVARRETE SAENZ JESUS ENRIQUE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19273	GANDARA IBARRA YISSEL	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19274	OLIVAS CASTAÑEDA CLAUDIA NAYDELHIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19275	DUARTE OSORNIO MIGUEL ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19276	HOLGUIN MEDINA ZULEMA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19277	RIVAS SARMIENTO ZHAIRA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19278	VAZQUEZ LUJAN ZUMIKO ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19279	BACA ENRIQUEZ DANIEL IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19280	LOPEZ LOYA ZITA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19281	ARAGON GUTIERREZ JOSE EMMANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19282	HOLGUIN PANUCO NANCY JOHANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19283	ORTEGA CASAREZ VALERIA DESIREE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19284	SALAS GARDEA YOLANDA	49	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19285	MARTINEZ MENDOZA CHRISTOPHER ALESSANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19286	ACOSTA VILLALOBOS PAOLA CONCEPCION	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19287	SOLIS AGUIRRE ALDO DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19288	LIMAS PIÑA MAIROL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19289	DOMINGUEZ FERIA DANIA ITZEL	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19290	RUIZ BARRAZA MIRYAM LIVIER	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19291	CONN SALAS MARIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19292	VELASCO MARTINEZ ZENEN	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19293	FLORES HERNANDEZ PAVEL GILBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19294	CONN SALAS VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19295	SAENZ FLORES CARLOS HUMBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19296	HERNANDEZ MENDOZA ADILENE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19297	ARMENDARIZ MONTES HANNAN ISAI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19298	SALCIDO REYES DANIEL EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19299	AGUILAR MALDONADO PAULINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19300	GUTIERREZ JULIMEZ ANDREA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19301	CHAVIRA . ZUELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19302	VILLANUEVA LEYVA ANGEL GONZALO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19303	BONILLA CHACON JOSE EDUARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19304	SANCHEZ FOSADO ZULLY AIKO	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19305	VALENZUELA RAMIREZ CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19306	BAQUERA GONZALEZ LUIS GERARDO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19307	PACHECO VILLADO VICTOR MANUEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19308	DOMINGUEZ MARTINEZ ADRIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19309	ROSALES RIVAS ALEXA VIRIDIANA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19310	SALAZAR ESTRADA JOEL ANTONIO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19311	OLVERA PEREA JOCELYN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19312	HERNANDEZ HERNANDEZ ALONDRA GABRIELA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19313	LOZOYA FAVA ZURIEL BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19314	RODRIGUEZ CONTRERAS DAVID ELI	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19315	LERMA MONTES MARIA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19316	GUEVARA DOMINGUEZ AMERICA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19317	TALAMANTES PEREZ SAMANTHA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19318	ORTIZ NIEVES ROGELIO IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19319	AGUSTIN IGNACIO ALAN SAUL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19320	CHACON DOMINGUEZ NAILA TERESA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19321	MORA ORDOÑEZ KARLA GRISELL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19322	RAMOS PEREZ ALEXA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19323	VILLEGAS MOLINA JUAN CARLOS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19324	GARCIA TREVIZO SAMANTHA NICOLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19325	CANUL CHAVEZ KEREN ABIGAIL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19326	GONZALEZ RAMIREZ JESSY JADSIRY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19327	MEDRANO ARIAS KAREN REBECA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19328	PEREZ LIMA SOFIA DAENA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19329	YAÑEZ CHAVEZ JOSE DANIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19330	RODRIGUEZ MARTINEZ JESUS ADRIAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19331	GUTIERREZ CHAVEZ MABEL ATZIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19332	REZA HIDALGO JAIR IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19333	GANDARA MARTINEZ LUIS CARLOS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19334	BUSTILLOS VEGA JAQUELINE ARLENEY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19335	MARTINEZ MONTAÑEZ CRISTIAN ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19336	BECERRA MARQUEZ TANIA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19337	NAVARRETE PEREZ SOL AYDEE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19338	LOPEZ GONZALEZ MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19339	HERNANDEZ BANDA HUGO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19340	HERNANDEZ DEL RIO BRENDA ARACELI	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19341	DIAZ GAMEZ JOSE LUIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19342	ESTRADA PAVIA DILAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19343	OCHOA OROZCO KRYSTEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19344	LOPEZ MARTINEZ ZULEYKA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19345	DORADO DELGADO LIZBETH ALEJANDRA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19346	LOPEZ SAENZ MARIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19347	AMADO URIAS ANA SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19348	ORIGEL GUZMAN DAFNE NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19349	MEDINA OROZCO JUDITH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19350	LOPEZ MARTINEZ DIEGO ALEJANDRO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19351	GARCIA AGUILAR YANET YUDITH	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19352	CHAVEZ SUCHIL VALERIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19353	ESPINOZA GARCIA ESTRELLA GUADALUPE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19354	ROJAS GUTIERREZ SINDY SITLALY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19355	MONTELONGO FLORES ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19356	RODRIGUEZ REYES JAVIER ALEXIS	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19357	ROSALES ACOSTA JONATHAN JAIR	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19358	MORALES OLIVAS JAHAZIEL DAVID	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19359	FLORES CARRILLO ZULEYKA LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19360	GONZALEZ ORTEGA GERARDO	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19361	FRAGOZA GARCIA ANA LIZETH	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19362	BARRERA RODRIGUEZ ANA SOFIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19363	MEDINA BARRAZA PAOLA FERNANDA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19364	VAZQUEZ TORRES FERNANDA YULINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19365	GOMEZ MELENDEZ CAROLINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19366	CAMACHO MACIAS JESUS ALONSO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19367	URBINA AVILA YAZMIN ITZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19368	LUNA DIAZ ESTEFANIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19369	BAEZA CASTILLO EDUARDO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19370	RODRIGUEZ MOYA EDUARDO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19371	CORIA GARDEA EDUARDO DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19372	JOHNSON MOLINA EDWIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19373	MIRELES PAYAN OBED	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19374	ZERON FLORES EDWIN ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19375	PONCE HERNANDEZ LUIS ALBERTO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19376	GARCIA PAREDES EDWIN ALI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19377	VILLANUEVA TORRES EDWIN ISMAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19378	DAHER FIERRO EDWIN JAIR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19379	CARRERA TORRES EDWIN JOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19380	RAMIREZ ESTRADA EDY FERNANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19381	LUNA CHAVEZ AARON FIDENCIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19382	LICON DE LA TORRE EFRAIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19383	DITTRICH FIERRO LIZETH VERONICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19384	LOERA LUJAN MARTHA GRISEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19385	GONZALEZ . EFRAIN GUADALUPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19386	LICON LOPEZ EFREN ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19387	CORRAL OCHOA EFREN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19388	PACHECO SOTO EILEEN SUGEY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19389	VILLA CAZARES EIMY VIRIDIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19390	BARSENAS SANTIAGO LORENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19391	LOYA PEREZ ELIAS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19392	CANO SAENZ LORENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19393	OCHOA GARDEA ELIER NAHUM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19394	ROSALES SALDAÑA ELISEO RUBEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19395	VERGARA PALMA ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19396	SAENZ JAQUEZ ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19397	AGUILAR BERZOZA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19398	MARTINEZ GARCIA ELIZABETH MARIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19399	GARCIA RODRIGUEZ ELIZARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19400	RODRIGUEZ ESCAMILLA ELLIOT URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19401	MONTES SOTO ELMER ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19402	GALVAN CHAVEZ ELVA ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19403	ENRIQUEZ CHACON ELVIRA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19404	LICON LICON LORENA MARIEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19405	CRUZ SOLANO EMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19406	MELENDEZ LOZANO EMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19407	ARMENDARIZ TORRES EMANUEL FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19408	SEGOVIA VILLALOBOS EMELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19409	IBARRA BUSTILLOS EMELY YAXEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19410	CASTILLO ROJO EMILIANO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19411	DE REGULES MONTES EMILIANO ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19412	GONZALEZ CORONA MARTIN ALBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19413	GONZALEZ BOUCHEZ EMILIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19414	LUGO ARGUELLES MAURO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19415	DELGADO ORTEGA EMILIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19416	GONZALEZ RAMOS EMILY ARIDAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19417	SALAS NAVARRETE EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19418	SOLIS CARREON EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19419	RODRIGUEZ CHACON EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19420	SALDIVAR GOMEZ EMMANUEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19421	MADRID QUEZADA EMMANUEL JARIM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19422	PONCE DAVILA EMMANUEL OMAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19423	TREJO HERNANDEZ EMMANUEL ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19424	AVALOS SILVA ENEIDA YOLANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19425	TREJO ARMENTA ADRIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19426	MENDOZA COMADURAN ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19427	MELENDEZ SAENZ ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19428	SOTO SANCHEZ ENRIQUE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19429	HERRERA ALVAREZ ERIC FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19430	FAUDOJA DUARTE ERIC MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19431	CALDERON DE LA O ERICK	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19432	MATA JAQUEZ ERICK	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19433	RAMOS PEREZ ERICK	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19434	GAYTAN PAEZ ERICK ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19435	CHAVEZ GONZALEZ ERICK ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19436	REYES REZA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19437	PIÑON SERRANO ERICK ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19438	DIAZ CORRAL ERICK ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19439	GARCIA VILLALOBOS ERICK ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19440	JUAREZ PACHECO ERICK ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19441	CUEVAS POSADA ERICK ANDREE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19442	ARENIVAR SEPULVEDA ERICK ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19443	ORTEGA RODRIGUEZ ERICK GABRIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19444	MUÑOZ ACOSTA ERICK JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19445	DELGADO CALDERON ERICK MARTIN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19446	MEZA SERNA LOUIS GERARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19447	RAMIREZ GALARZA ERICK URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19448	MARTINEZ CHACON LOURDES ILEIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19449	ARCINIEGA HERRERA ERIK ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19450	PARRA BARRON LUCIANO BRYAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19451	RODRIGUEZ BETANCOURT LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19452	ARENIVAR VITOLAS LUIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19453	REYES VAZQUEZ LUIS ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19454	FLORES LOPEZ ERIK RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19455	SANDOVAL POLANCO ERIK RUBEN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19456	SAENZ REYES ERIKA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19457	RUIZ MARTINEZ LUIS ADRIAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19458	PASILLAS GALVAN ERIKA MARIBEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19459	CARRETE FLORES ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19460	ARZOLA ROMERO ERNESTO ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19461	CURIEL HERNANDEZ ESAU ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19462	ZOZAYA SALAS ESBEIDY ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19463	PARRA FELIX ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19464	VALDEZ REYES ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19465	SALDIVAR RODRIGUEZ ESMERALDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19466	OLIVAS ALVAREZ ESMERALDA ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19467	MARTINEZ LUJAN LUIS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19468	PADRON GUERRA ESMERALDA ROSARIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19469	AYALA CHAVEZ ESTEBAN IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19470	MONTES OGAZ ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19471	PORTILLO SOSA ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19472	GONZALEZ PEREZ ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19473	NAVARRETE ARROYO ESTEFANY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19474	MACIAS PARRA ESTEFANY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19475	AGUIRRE MUÑOZ ESTEFANY ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19476	OCHOA SALINAS ESTRELLA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19477	MERANCIO VAZQUEZ LUIS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19478	MARQUEZ CARDONA LUIS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19479	CARAVEO LOYA ESTRELLA YOLANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19480	SALAZAR PACHECO LUIS ALBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19481	TORRES HERNANDEZ ESTRELLA YUTZIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19482	REZA LOPEZ ETTIENE MOISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19483	BELTRAN ZAPIEN EUGENIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
19484	CASAS MENDOZA MAURO MANUEL	25 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19485	BUENDIA SALAS EUSEBIO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19486	VAZQUEZ ANTILLON LUIS ALBERTO	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19487	ARGUELLO PARRA EVA ANAHI	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19488	GRACIANO QUEZADA LUIS ALEJANDRO	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19489	MORA SALCIDO JOSE ALBERTO	33 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19490	MURILLO CHAVEZ EVA MARIA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19491	CARLOS ALMAZAN LUIS ALEJANDRO	23 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19492	DELGADO SOTO LUIS ALEXIS	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19493	PEREZ ARMENDARIZ LUIS ALFONSO	24 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19494	GONZALEZ RODRIGUEZ EVA PALOMA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19495	LUNA CORTE EVA SILVIA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19496	CASTRO HERNANDEZ EVELIN HORTENSIA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19497	GONZALEZ GALINDO EVELIN RUBI	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19498	MOYADO RAMIREZ EVELIN SARAI	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19499	CABRERA SIFUENTES EVELYN	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19500	BARRERA ARENAS EVELYN CECILIA	23 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
19501	CARREON SALVADOR EVELYN JAQUELIN	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19502	OGAS ONOFRE EVELYN NAYELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19503	TRISTAN YEPIZ EVER EUGENIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19504	SIGALA ORTEGA EVER ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19505	CASTRO GALVAN EZEQUIEL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19506	ALVARADO ROJAS LUIS ALONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19507	CHAVEZ GUTIERREZ FABIOLA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19508	VALDEZ MENDOZA MAYRA JAQUELINE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19509	DURAN GONZALEZ FANNY VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19510	VENTURA SANCHEZ FATIMA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19511	ANDRES RASCON FATIMA GRISELDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19512	GONZALEZ GONZALEZ FEDERICO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19513	ROJAS ISAIAS LUIS ANDRES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19514	MORALES ZAMUDIO FELIPE EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19515	GIL RIOS GRISEL ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19516	MARTINEZ RUIZ FELIPE GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19517	ALVARADO HERNANDEZ FELIX	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19518	GONZALEZ MENDEZ FELIX GABRIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19519	CHACON RAMOS FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19520	FIERRO SANCHEZ FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia								
		Día Mes Año								
19521	MARTINEZ LOYA FERNANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19522	MONTES MONTES LUIS ANGEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19523	MEDRANO CONTRERAS FERNANDA ABIGAIL	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19524	RIOS RUIZ FERNANDA AIMEE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19525	SOSA PEREZ LUIS ANGEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19526	PEÑA ARAMBULA LUIS ANGEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19527	ZUÑIGA GONZALEZ FERNANDA EUGENIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19528	VALDEZ MONTES FERNANDA ISABEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19529	AGUILERA MARTINEZ FERNANDA MICHELLE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19530	RODRIGUEZ SANCHEZ LUIS ANTONIO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19531	BELTRAN RASCON LUIS CARLOS	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19532	RENTERIA MONTOYA FERNANDA VALERIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19533	GUTIERREZ AMARO LUIS CARLOS	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19534	VASQUEZ AGREDO OGETH VERONICA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19535	SINALOA VALENZUELA FERNANDA VICTORIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19536	ROBLES LEYVA MAYRA NAYELY	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19537	SALDIVAR RODRIGUEZ FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19538	CHAVEZ GARCIA JOSE EDUARDO	34 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19539	SERNA MURILLO FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
19540	ACOSTA GARCIA FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19541	QUIÑONES FABELA FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19542	LEAL GONZALEZ FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19543	DIAZ HOLGUIN FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19544	CHAVEZ MORALES FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19545	MORALES PORRAS FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19546	ANCHONDO CHACON FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19547	ELOSEGUI ARMENDARIZ FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19548	PAREDES CELIS MAYRA YULIANA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19549	HERNANDEZ ECHAVARRIA FERNANDO ALBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19550	DIAZ CHAVEZ FERNANDO EFRAIN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19551	MATA BUSTILLOS FERNANDO HUMBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19552	ESCANDON PARRA FERNANDO IGNACIO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19553	LUGO ZAMORA FERNANDO OSWALDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19554	FLORES REAZA FERNANDO ULISES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19555	MUÑOZ MORENO LUIS CARLOS	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19556	ENCARNACION RUBIO LUIS CARLOS	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19557	VAZQUEZ GARCIA FIDEL ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19558	GUERRA PEREZ FILIBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19559	HERNANDEZ GARCIA LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19560	ZUBIA GARCIA FLOR AIDEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19561	SOLIS ORTEGA FLORENCIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19562	ESTRADA MENDOZA LUIS CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19563	ALVARADO RUIZ FRANCIA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19564	GARCIA RIVERA FRANCIA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19565	RIVERA MARTINEZ MANUEL	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19566	ETCHECHURY RONQUILLO LUIS CARLOS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19567	ARELLANO MORENO LUIS DIEGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19568	ANAYA DELGADO FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19569	FLORES SOTO LUIS EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19570	ENRIQUEZ RUBIO FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19571	LOERA MIRANDA FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19572	CHITIKA HOLGUIN MAYTE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19573	CHAVARRIA CARMONA LUIS EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19574	SIQUEIROS MONTOYA FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19575	NEVAREZ MEZA FRANCISCO ALYAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19576	DE LA ROCHA MORALES FRANCISCO DE ASIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19577	GASTELUM MATA FRANCISCO ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19578	VILLASEÑOR SAENZ FRANCISCO GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19579	SIFUENTES AGUIRRE FRANCISCO HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19580	MARTINEZ ORTIZ LUIS EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19581	NIETO ESPINOZA FRANCISCO ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19582	GUEVARA SALAS FRANCISCO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19583	GALLEGOS PARRA FRANCISCO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19584	HERNANDEZ GOMEZ FRANCISCO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19585	PEREZ FRIAS LUIS ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19586	ANCHONDO CHAVARRIA FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19587	RODRIGUEZ ESCALANTE FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19588	CHAVEZ SOTO FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19589	FIERRO HERNANDEZ FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19590	LEYVA HERNANDEZ FRANCISCO JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19591	RIVERA RIVERA FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19592	MONTES JURADO FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19593	ARANA PONCE FRANCISCO JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19594	BETANCOURT RUIZ FRANCISCO JOSE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19595	MEDINA CONTRERAS FRANCISCO XAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19596	ALBIZTEGUI ONTIVEROS FRIDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19597	LOERA RUIZ FRIDA ASCENCION	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19598	CHAVEZ SIFUENTES FRIDA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19599	QUINTANA BOJORQUEZ FRIDA LETICIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19600	RUIZ SAENZ LUIS ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19601	RAMOS PARRA FRIDA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19602	DOMINGUEZ RODRIGUEZ GABRIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19603	FLORES OLIVAS GABRIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19604	LOYA DIAZ GABRIEL ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19605	RODRIGUEZ DOMINGUEZ GABRIEL ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19606	VASQUEZ VILLAR LUIS ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19607	VEGA RICO GABRIEL JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19608	LOYA SAENZ GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19609	DERAS VEGA GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19610	REYES FERREIRO MELISSA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19611	CARNERO HERNANDEZ GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19612	MAYNEZ BAILON GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19613	VARA REYES GABRIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19614	BARRERA AGUILERA GABRIELA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19615	PEINADO RODRIGUEZ GABRIELA ARACELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19616	FERNANDEZ CORRAL LUIS ENRIQUE	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19617	FAVELA QUINTANA GABRIELA DIVELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19618	LOERA ROMERO LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19619	QUIÑONES FUENTES LUIS FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19620	REYES DOMINGUEZ LUIS FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19621	BELTRAN CHAVIRA GABRIELLE GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19622	ENRIQUEZ CRUZ GALIA KARYNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19623	AMIEVA ABBUD MELISSA PAOLA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19624	GONZALEZ ESCARCEGA GALILEA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19625	FRIAS DOMINGUEZ LUIS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19626	AGUILERA CAMPOS LUIS FERNANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19627	CASTAÑEDA BARRIO GALILEA YOATZIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19628	URBINA SALCIDO LUIS GERARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19629	GARCIA MORALES GASPAR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19630	CHACON VELETA MICHELL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19631	MUÑOZ RENTERIA GEISY LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19632	CERVANTES MANCINAS GEMA RUBI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19633	ESPINOZA TREVIZO LUIS GERARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19634	NIETO RAYGOZA LUIS ISAAC	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19635	MOLINA CARRILLO GEORGINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19636	QUINTANA CANO GEORGINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19637	REYES BARRENO GERALDINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19638	SAMANIEGO VALDEZ GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19639	PORTILLO REYNOSA GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19640	RICO LOPEZ GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19641	AVILA ENRRIQUEZ LUIS JAIR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19642	CAMPOS CEPEDA GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19643	HERNANDEZ FIERRO GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19644	RASCON VILLA GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19645	ROJAS CISNEROS LUIS JAVIER	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19646	RODRIGUEZ VALVERDE GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19647	IBARRA GUERRA GERARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19648	GOMEZ LOZANO LUIS MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19649	ESTRADA ORNELAS LUIS MARIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19650	FLORES MARTINEZ GERARDO ABDIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19651	ANTILLON VELETA MIRNA YADIRA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19652	RAMOS GARCIA GERARDO ESTEBAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19653	TELLEZ PACHECO GERARDO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19654	SIGALA PEREZ GERARDO RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19655	MIRAMONTES GALVAN LUIS RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19656	CANO CASAS LUIS RAUL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19657	ISLAS LARA GERARDO SEBASTIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19658	GUTIERREZ TORRES GERMAIN ADELAIDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19659	FLORES CHAVEZ ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19660	CHAIRES LOPEZ LUIS RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19661	CARDEÑA OROZCO GIBRAN ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19662	CARDENAS DOMINGUEZ GIOVANNI CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19663	LOYA LOZANO GISEL SOCORRO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19664	TERRAZAS GONZALEZ GISELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19665	SAENZ CHACON GISELL CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19666	BALLESTEROS GAUSIN GISELLA IRAIS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19667	LEAL GUTIERREZ LUIS ROBERTO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19668	RAMOS VILLARREAL GLADYS AMERICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19669	MORALES CANO GLENDA JULISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19670	HERNANDEZ NAVA GLORIA ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19671	ELIZALDE VALLES GLORIA AIDEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19672	CRUZ CEBALLOS GLORIA CECILIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19673	MACIAS RIVERA LUIS RODRIGO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19674	ROBLES CISNEROS LUISA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19675	CASILLAS ACOSTA GLORIA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19676	RIVERA CELAYA GLORIA ISABEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19677	FLORES AGUIRRE GRECIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19678	TOLEDO CRUZ GRECIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19679	MONGES RAMOS LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19680	GARCIA GUERRERO GRECIA EVANGELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19681	SANTANA BECERRIL GRETCHEN DENNIS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19682	VINIEGRA OLIVAS GRISDALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19683	SALGADO GARCIA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19684	MIRANDA SAENZ GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19685	HERNANDEZ HERNANDEZ GUADALUPE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19686	DEL RIO RUIZ GUADALUPE ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19687	GARCIA DE LIRA GUADALUPE MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19688	CONTRERAS DIAZ DE LEON GUILLERMO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19689	CRIOLLO BUSTAMANTE GUILLERMO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19690	GALVAN ALVIDREZ GUILLERMO ENRIQUE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19691	SALDIVAR SAENZ GUSTAVO ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19692	GUTIERREZ PAREDES GUSTAVO ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19693	GUTIERREZ SANCHEZ MICHELLE	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19694	DURAN ZAVALETA HATTIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19695	CUILTY GUTIERREZ LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19696	LUNA SANTIAGO HAZAEL ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19697	ACOSTA GRANADOS HEATHER IDALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19698	ACOSTA JIMENEZ HECTOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19699	LICON MARTINEZ HECTOR ABRAHAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19700	SOTELO PINEDA HECTOR ASael	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19701	NIETO RODRIGUEZ HECTOR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19702	NUÑEZ REYES HECTOR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19703	DOMINGUEZ ESCARCEGA HECTOR DANIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19704	SANDOVAL GUERRERO LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19705	JUAREZ RAMOS HECTOR EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19706	LOPEZ RASCON HECTOR FRANCISCO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19707	RODRIGUEZ CASTAÑEDA HECTOR JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19708	GOMEZ RODRIGUEZ MICHELLE ADRIANA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19709	RODRIGUEZ GALLARDO HECTOR JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19710	AGUILAR PALACIOS HECTOR KAIF	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19711	HERNANDEZ JALOMA HECTOR KARLO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19712	NOGUEIRA GONZALEZ HECTOR MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19713	PEREZ VILLALOBOS HEIDI KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19714	RODRIGUEZ OLIVAS MISAEAL UZIEL	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19715	CALDERON ORTEGA HEIDY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19716	PEREZ FLORES HEIDY GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19717	AGUAYO HERNANDEZ LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19718	QUINTERO DE LA TORRE HELEN ELIZABETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19719	MEZA GUZMAN HERVEY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19720	GARCIA CHAVEZ HEYZOL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19721	PACHECO CORRAL HILARY GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19722	OCÓN MUÑOZ HILDA GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19723	OLIVERO MUÑOZ HIRAM ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19724	MEZA LASTRA HIRAM YAHIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19725	OLIVAS GONZALEZ MICHELLE ALEJANDRA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19726	LOYA SAENZ HOMERO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19727	SANTOS SANCHEZ HORACIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19728	LOPEZ PIÑÓN HORACIO EMILIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19729	ORTEGA MENDOZA HUGO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19730	ORTIZ MORALES HUGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19731	VENTURA FERREIRA HUGO ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19732	MATA LOYA HUGO ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19733	ORDOÑEZ LIRA LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19734	RIVERA GONZALEZ HUGO ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19735	BAUTISTA REZA HUGO ENRIQUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19736	PADILLA BAUTISTA HUGO GIOVANNI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19737	TORRES MENDOZA HUITZI ALEXANDER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19738	GARIBAY DIAZ HUMBERTO ADOLFO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19739	LOYA RUIZ LUISA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19740	LOZANO VILLALOBOS IDALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19741	GASCA MEDINA LUISA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19742	GUTIERREZ DELGADO LURDES LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19743	OLIVAS GOMEZ IGNACIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19744	LOERA MUÑOZ ILSE VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19745	DIAZ PEREZ ILZE ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19746	BASAURI DE ALBA IMANOL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19747	RAYOS ZAMORA INES LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19748	GOMEZ GARCIA INES SAMANTHA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19749	NIÑO RIVERA INGRID BRIGITTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19750	RIVAS GUILLEN IÑAKI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19751	ARAMBULA MELENDEZ IRAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19752	HERMOSILLO GARCIA IRAM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19753	OROZCO PRIETO LUZ ABRIL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19754	HERMOSILLO GONZALEZ IRAM ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19755	CONTRERAS MENDOZA LUZ ANGELICA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19756	RASCON CRUZ IRAM ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19757	CASTRO FELIX LUZ MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19758	VARELA SALCIDO IRENE GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19759	SALAZAR BARRIOS LUZ MIREYA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19760	NUÑEZ BALDERRAMA IRIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19761	SAENZ ONTIVEROS IRIS DAENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19762	HERMOSILLO NAJERA IRIS VALENTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19763	VALDEZ VENEGAS IRMA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19764	ROBLEDO LOPEZ IRMA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19765	RAMIREZ VELAZQUEZ LYLIAN ISABEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19766	BARRAZA RIOS IRVIN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19767	RUBIO HERMOSILLO IRVING	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19768	QUEZADA GASCA IRVING ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19769	JIMENEZ CHAPARRO IRVING JOSUE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19770	NEVAREZ AVILA IRWIN DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19771	DE LA RIVA AGUIRRE ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19772	LEDEZMA DOZAL ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19773	RAMOS VELAZQUEZ ISAAC ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19774	LOERA ALMUINA ISAAC DARIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19775	ALVAREZ PRIETO ISAAC DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19776	SALAZAR MONTES MONICA ALICIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19777	MORENO ACEVEDO ISAAC FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19778	GUERRA EGUIARTE ISAAC MOISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19779	HERNANDEZ MORENO MABELY YAHAIRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19780	OLIVO VALERIO ISAAC YEUDIÉL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19781	GUADERRAMA CASTAÑEDA ISABEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19782	NOGUEIRA VALENZUELA ISABEL CRISTINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19783	VILLA RIOS ISAI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19784	ALMAZAN LUNA ISMAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19785	LOPEZ GUZMAN MADAY GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19786	ALVAREZ HERMOSILLO ISMAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19787	GUILLEN OSORIO ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19788	RIOS RODRIGUEZ MADELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19789	ONTIVEROS ALCALA ISRAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19790	ORTIZ VELARDE MIGUEL ALEXANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19791	LOPEZ NUÑEZ ISSHARY GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19792	CARRILLO GIL ISVIT VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19793	CORRAL RIVERA MANUELA LORENA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19794	MARTINEZ DOMINGUEZ OYUKI CORAL	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19795	RODRIGUEZ PUENTES ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19796	ACOSTA BARRAZA ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19797	SANTANA ZUVERZA ITZEL CRISTINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19798	COTA MANRIQUEZ MALQUIEL ALED	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19799	REYNA CHAVEZ ITZEL ESMERALDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19800	FONTES PORTILLO ITZEL ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19801	SIGALA ORPINEDA ITZEL ESTEFANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19802	CHAVEZ MEDINA ITZEL GABRIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19803	SANCHEZ MARISCAL ITZEL IVEYRI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19804	MARTINEZ SANCHEZ ITZEL MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19805	CHAVEZ MARTINEZ ITZEL RUBY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19806	LOPEZ MARRUFO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19807	FERNANDEZ ALTAMIRANO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19808	MARMOLEJO SOTELO MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19809	BARQUERA RODRIGUEZ IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19810	TORRES AGUILAR IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19811	GUADIAN MORALES IVAN ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19812	PIÑON RIOS MIGUEL ALEXANDRO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19813	PANDO RENTERIA IVAN ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19814	DOMINGUEZ MUÑOZ IVAN DANIEL GARDEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19815	RODRIGUEZ RODRIGUEZ IVAN EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
19816	ACOSTA OZAETA IVAN EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19817	HERNANDEZ RIOS IVAN FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19818	FERNANDEZ SOSA IVAN ITZAC	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19819	JUANEZ JASSO IVAN MOISES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19820	BARRAZA RIOS IVAN SINAI	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19821	AREVALO CARRASCO IVANA IVONNE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19822	GALLARDO MEDRANO MANUEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19823	VILLA GRAJEDA MICHELLE	35 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19824	FLORES MARTINEZ IVANA REBECCA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19825	ESPINOSA FIERRO IVANHA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19826	MANCINAS ESPINOZA MIGUEL ANGEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19827	VILLALOBOS NAVA IVANNA ALEJANDRA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19828	PEREZ MARTINEZ MANUEL	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19829	QUINTANA GARCIA IVONNE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19830	ALVAREZ HOLGUIN IVONNE ARACELY	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19831	JARAMILLO MALDONADO IVONNE GUADALUPE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19832	PEREZ HERNANDEZ IXCHEL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19833	ARAGON CHAVEZ JACIEL ANDRES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
19834	TORRES ENRIQUEZ JACOB EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19835	ARROYO HEREDIA Jael JOCABED	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19836	HOLGUIN TORRES JAIME	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19837	CARRASCO ROMERO JAIME ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19838	CASTRO TALAMANTES JAIME MARIANO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19839	LOYA CHAPARRO MANUEL ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19840	TERAN ACOSTA JAIME SALVADOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19841	MESTA ADAME JAIR ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19842	RODRIGUEZ ANAYA JAIR AXEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19843	CAMELA RAMIREZ JAMILETE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19844	GARCIA ACOSTA JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19845	CHACON CRUZ MIGUEL ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19846	OLIVAS RAMIREZ JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19847	AGUIRRE TORRESDEY JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19848	RAMOS NAKAMURA MANUEL ALEJANDRO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19849	BERNAL GARCIA JANNSEL ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19850	RUACHO SILVA JAQUELIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19851	GALVAN HOLGUIN MANUEL DAVID	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19852	CARRILLO VILLALOBOS JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19853	COLOMO CORRAL JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19854	MARQUEZ JAQUEZ JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19855	AGUIRRE SANCHEZ JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19856	ORPINEDA GARCIA JARETZI GISSEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19857	FIGUEROA GARCIA JASHER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19858	ACOSTA VASQUEZ JASON RAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19859	LUGO MONJE JASSON EFRAIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19860	BARAJAS GARCIA JAVIER	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19861	MALDONADO GONZALEZ JAVIER ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19862	OROZCO FIGUEROA JAVIER ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19863	PEREA RODRIGUEZ JAVIER ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19864	POLANCO AVALOS ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19865	GASTELUM DELGADO MANUEL OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19866	VALLES MORALES JAVIER ALONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19867	GONZALEZ IBARRA JAVIER EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19868	CHAVIRA VEGA MANUEL RICARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19869	SANCHEZ PONCE JAVIER EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19870	GUTIERREZ BARBA JAVIER EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19871	RODRIGUEZ FLORES JAYYIM	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19872	RIOS CORTEZ JAZIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19873	REGINO VALDIVIA MIGUEL ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19874	GOMEZ CRUZ JAZIVE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19875	VAZQUEZ REGALADO JAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19876	OROZCO ENRIQUEZ JAZMIN ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19877	ELIZALDE ASCENCIO OLGA VALERIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19878	VALENZUELA GONZALEZ JAZMIN ARACELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19879	URQUIDI MAJALCA MANUELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19880	BELTRAN RODRIGUEZ JAZMIN ESTRELLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19881	NARVAEZ VILLARREAL JAZMIN GUADALUPE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19882	CORDERO LUNA JAZMIN KARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19883	ORTIZ RAMIREZ JAZMIN KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19884	RAMOS HERNANDEZ MANUELA PATSI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19885	ESPINOZA CASTILLO JAZMIN PAULINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19886	BARRERA RODRIGUEZ MARCELA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19887	DINO AGUIRRE JAZMIN VIANEY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19888	DIAZ HERNANDEZ JEAN ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19889	SALAZAR CARBAJAL JEANETTE ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19890	GARCIA RODRIGUEZ JEMMA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19891	TALAMANTES PALOMINO JENIFER DENYS	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19892	NAVARRETE GARCIA JENIFFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19893	SARMIENTO VARELA JENNIFER	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19894	PORTILLO PANDO JENNIFER AIDEE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19895	RAMOS BALDERRAMA JENNIFER ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19896	GARCIA TORRES MIGUEL ANGEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19897	CALDERON GONZALEZ JENNIFER ALEXIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19898	ARVIZU OCHOA JENNIFER DARIAN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19899	HERNANDEZ VALVERDE JENNIFER JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19900	BRIBIESCA VELAZCO JENNIFER YELITZA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19901	SANDOVAL PALOMINO MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19902	PEREZ SANTANA JESSICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19903	HERNANDEZ LOYA JESSICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19904	SANCHEZ DOMINGUEZ JESSICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19905	ARRIETA MOLINA JESSICA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19906	VAZQUEZ CHAVIRA JESSICA ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19907	ARGUELLES CARDENAS JESSICA DIVELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19908	RAMIREZ FLORES JESSICA ELIZABETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19909	DE LA FUENTE OCHOA JESSICA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19910	GARCIA ACOSTA MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19911	CHAVEZ HERRERA JESSICA MAYTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19912	URANGA MORUA MONICA CATALINA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19913	CASTAÑEDA FALCON MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19914	KOCH RAMIREZ JESSICA MELINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19915	QUINTANA MOYA JESSICA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19916	KOONS . JESSICA ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19917	MEDINA TARANGO JESSICA SUSANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19918	ARANA SOTELO JESUS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19919	TORRES MALDONADO JESUS AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19920	LARA URANGA JESUS AARON	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19921	GONZALEZ ESTRADA JESUS ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19922	POLANCO CHAPARRO JESUS ALAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19923	PORTILLO SIMONS JESUS ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19924	HERNANDEZ MENDOZA MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19925	CARBAJAL TREVIZO JESUS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19926	JAVALERA PRIETO JESUS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19927	ESTRADA SILVA MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19928	BLANCO . JESUS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19929	NAVARRETE GARCIA JESUS ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19930	MEZA GONZALEZ MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19931	MARTINEZ GONZALEZ MARCO ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19932	VAZQUEZ MAURICIO JESUS ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19933	LOYA VILLEGAS JESUS ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19934	RODRIGUEZ ROBLES JESUS ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19935	SOTO JIMENEZ JESUS ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19936	SANCHEZ MADRID JESUS ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19937	DIAZ MOLINA JESUS ALFREDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19938	REYES PONCE OMAR FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19939	CASTAÑEDA OLIVARES JESUS ALFREDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
19940	DELGADO RIVERA JESUS ANDRES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19941	BOLAÑOS BLANCO JESUS ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19942	TORRES ARMENDARIZ MIGUEL EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19943	AGUIRRE HERNANDEZ JESUS ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19944	AVILA GUTIERREZ JESUS ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19945	VALDEZ CORDERO MARCO AURELIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19946	CARRASCO ORTEGA MARCO IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19947	TRILLO MALDONADO MARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19948	GURROLA AMPARAN JESUS ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19949	RODRIGUEZ BALDERRAMA JESUS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19950	REYES SOLIS JESUS ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19951	PORTILLO IBARRA JESUS ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19952	RUBIO RICO JESUS ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19953	LUNA BACA MARGARITA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19954	CARO NUÑEZ JESUS BAUDELIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19955	GARCIA MADRID MARGARITA SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19956	MAC DONALD VILLAGRAN JESUS DANIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19957	RODRIGUEZ HERNANDEZ MARIA ADELINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19958	ESTRADA LOPEZ JESUS DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19959	DOMINGUEZ DE LA CRUZ JESUS DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19960	CASILLAS VALLE JESUS DAVID	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19961	QUINTANA ACOSTA JESUS EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19962	RONQUILLO HERNANDEZ MARIA ANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19963	LICON DE LA SIERRA JESUS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19964	MENDEZ OSORIO JESUS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19965	GOMEZ DEL VAL JESUS EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19966	MONZON BEDOY MARIA ARACELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19967	PAREDES NAVARRETE JESUS ELEAZAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19968	VARGAS VELAZQUEZ JESUS ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19969	PARRA CORONA JESUS ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19970	JURADO RAMIREZ NAVIL PAMELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19971	ACUÑA VIVAR MIRANDA MELISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19972	NIETO BANDA MARIA BANELLY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
19973	BANDA GONZALEZ JESUS ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19974	REYES SIGALA KIMBERLY ZERETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19975	MUÑOZ CENICEROS JESUS ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19976	BURROLA SALCIDO JESUS FELIPE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19977	TARANGO HUEREQUE MARIA CELESTE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19978	DIAZ CAMPOS JESUS FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19979	SALAZAR DOMINGUEZ MARIA DARELY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19980	ROJO AGUIRRE JESUS GABRIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19981	NORIEGA SOTO JESUS ISAAC	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19982	CELAYA MONTES JESUS ISMAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19983	MARQUEZ DE ANDA MARIA DE LA LUZ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19984	IBARRA GUTIERREZ JESUS IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19985	OROZCO ROMERO JESUS IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19986	NUÑEZ VILLA JESUS JAVIER	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19987	CENICEROS SANTILLANES MARIA DE LOURDES	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19988	ORDOÑEZ GUADERRAMA JESUS MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19989	QUIÑONEZ RAMOS JESUS MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19990	VILLELA LOZANO JESUS MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19991	NAVA LOYA ABEL ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19992	GUERRA CARDENAS JESUS MARIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19993	ESPADAS ARMENDARIZ JESUS MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19994	LOERA ESPARZA JESUS MARTIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19995	PEREZ HERRERA JESUS MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19996	VEGA VILLANUEVA JESUS MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19997	ESPINO CEBALLOS JESUS NOE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19998	ROCHA ESPARZA MARIA ELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
19999	DOMINGUEZ MARTINEZ MIREYA CITLALLI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20000	ORTEGA QUINTANA JESUS OCTAVIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20001	SEÑEZ CHANEZ JESUS RENE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20002	DUEÑAS VALDEZ JESUS RICARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20003	RAMIREZ TORRES JESUS ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20004	GUTIERREZ ARZATE MARIA ELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20005	RUBIO CALDERON JESUS ROBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20006	RODRIGUEZ ALCANTARA MARIA ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20007	BELTRAN MELENDEZ MARIA ELENA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20008	BELTRAN VERDUGO JESUS ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20009	MONTERO HERRERA JHONATAN SAHIB	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20010	CHAVEZ LOPEZ MARIA ESTEFANY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20011	CARRILLO FLORES JIMENA AISHA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20012	PRADO DIAZ JIMENA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20013	FERREL BARRAGAN MIRIAM ESMERALDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20014	LOPEZ DELGADO JOAHANA PAOLA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20015	BEJARANO RAMIREZ JOANNA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20016	SANTOSCOY VILLALOBOS JOAQUIN MIGUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20017	MONTES SIERRA JOCELIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20018	JAUREGUI HINOJOS ORLANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20019	GARFIO AGUIRRE JOCELYN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20020	VALLES CHAVEZ ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20021	VILLALPANDO LOPEZ JOCELYN IRIDIAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20022	VELARDE MUÑOZ JOCELYN KARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20023	DOMINGUEZ RODRIGUEZ JOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20024	ARELLANES CAMPOS JOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20025	ESPARZA VITELA JOEL ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20026	ESCOBEDO LOYA LETICIA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20027	ARELLANES RODRIGUEZ JOEL ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20028	PARRA MARQUEZ JOEL OTONIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20029	GONZALEZ CHAVEZ JOHAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20030	HERRERA TESTAS JOHAN JOSIMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20031	TALAMANTES VAZQUEZ JOHANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20032	ONTIVEROS PEREZ JOHANA CONSUELO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20033	BRISEÑO UNZUETA JOHANA PAOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20034	JASSO CEBALLOS JONATHAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20035	RODRIGUEZ BAEZA MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20036	BRICEÑO GALLEGOS JONATHAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20037	BORRUEL SANCHEZ MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20038	FRANCO SANCHEZ JONATHAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20039	GARAY VAZQUEZ JONATHAN ARTURO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20040	ARANDA BARRAZA JONATHAN JOSSIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20041	GONZALEZ PARRA JORDI	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20042	SOTO VILLALOBOS JORGE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20043	GALVAN LUNA JORGE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20044	GONZALEZ GONZALEZ NANCY	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20045	SALCIDO PACHECO JORGE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20046	RICO ACUÑA JORGE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20047	SANCHEZ GALLARDO JORGE	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20048	BARRAZA GUZMAN JORGE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20049	RODRIGUEZ TARANGO ODALIS	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20050	AMADO ALFARO MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20051	PINEDO ALVARADO JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20052	RASCON GONZALEZ MONICA ALEXANDRA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20053	DELGADO OROZCO MIRIAM LILIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20054	OROZCO GARROBO JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20055	CAMPOS RAMOS MIRIAM LIZETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20056	CASTRO SALINAS JORGE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20057	GUTIERREZ CAMPOS JORGE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20058	DE LA CRUZ SALAZAR JORGE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20059	ROMERO GARCIA JORGE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20060	GARCIA MARTINEZ JORGE ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20061	PANTOJA ZURITA JORGE ALEXIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20062	BARRON CORTEZ JORGE ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20063	ESCAJEDA FIERRO JORGE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20064	MOLINA ESCOBAR MISSAEL ROBERTO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20065	TELLO BACA JORGE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20066	TENA RICO MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20067	ONTIVEROS MEZA LUIS ALFONSO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20068	RUIZ LERMA MARIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20069	ESGUERRA CHACON JORGE ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20070	MONTANA HERNANDEZ JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20071	SOLIS ALVIDREZ JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20072	DELGADO OSORIO MITSI PATRICIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20073	PACHECO MONTEJANO JORGE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20074	GUERRERO VILLANUEVA JORGE ERNESTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20075	CAMARA LUGO JORGE HUMBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20076	CUEVAS REYES JORGE IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20077	MORENO SALCEDO JORGE IVAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20078	QUINTANA TINTORI JORGE RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20079	PEREYRA ACOSTA JORGE RODRIGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20080	RASCON LUJAN JORGE VALENTIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20081	INFANTE TORRES JORGE YAIR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20082	CARRILLO MONTOYA JOSE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20083	GOMEZ MARTHA ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20084	ORTIZ CARDONA MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20085	PEREZ ARZATE JOSE ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20086	CHAVEZ TREVIZO MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20087	CHAVEZ JORDAN MOISES JAIR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20088	MADRID HERNANDEZ JOSE ADRIAN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20089	ARVIZU COBOS MARIA FERNANDA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20090	HERNANDEZ SALDIVAR JOSE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20091	CORRAL MELENDEZ JOSE ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20092	GANDARILLA VELDUCEA JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20093	CHAPARRO RODRIGUEZ JOSE ALBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20094	ARVIZO FRANCO JOSE ALDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20095	CAÑAS HERNANDEZ MARIA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20096	SANCHEZ OZAETA MARIA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20097	GUTIERREZ VARGAS JOSE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20098	TOLEDO BAÑUELAS MARIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
20099	ZABRE PACHECO JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRO									
20100	RODRIGUEZ DOMINGUEZ JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEJANDRO									
20101	DELGADO SALVATIERRA JOSE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALEXIS									
20102	MUÑIZ MOLINA JOSE ALFONSO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20103	REYES CHAVIRA MARIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
20104	GUTIERREZ MORALES JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFREDO									
20105	ARAMBULA QUIÑONES JOSE	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFREDO									
20106	CAMPOS RAMIREZ JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ALFREDO									
20107	PEREZ GARCIA JOSE ALFREDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20108	ROLON GRANADOS MYRKA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	NABILLE									
20109	NEVAREZ GOMEZ MARIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	GUADALUPE									
20110	BAEZA GONZALEZ JOSE ANDRES	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20111	CARDENAS DURAN JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
	ANDRES									
20112	AGUIRRE ZAPIEN JOSE ANDRES	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20113	QUIÑONEZ MONTES JOSE ANGEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20114	CHAPARRO SPOTA JOSE ANGEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20115	NEVAREZ TERRAZAS JOSE ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20116	PORTILLO GARCIA JOSE ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20117	BARBOSA TORRES JOSE ANGEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20118	GUTIERREZ CABALLERO JOSE ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20119	FLORES MARTINEZ JOSE ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20120	RAMIREZ VILLEGAS JOSE ARATH	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20121	MANRIQUEZ CHAPARRO JOSE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20122	PEREZ BEDOY ORLANDO SAYEG	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20123	CHAVEZ DELGADO JOSE ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20124	GAYTAN GOMEZ JOSE ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20125	GARCIA NUÑEZ JOSE CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20126	MICHEL CASTILLO JOSE CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20127	ACOSTA BUSTAMANTE JOSE CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20128	ORTEGA ARMENDARIZ JOSE CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20129	RODRIGUEZ ONTIVEROS JOSE DE LA LUZ	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20130	VAZQUEZ CRUZ MARIA ISABEL SOCORRO	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20131	CHAVIRA MEDINA JOSE DONALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20132	CASTAÑEDA REGALADO JOSE EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20133	MEDINA GUERRA MARIA JOSSELY	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20134	CORRO RAMOS JOSE EDUARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20135	DIAZ CORREA JOSE EDUARDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20136	PIÑON CHAVEZ JOSE EMILIO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20137	GUEVARA CHAVIRA JOSE ERNESTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20138	MEDRANO SANCHEZ JOSE FERNANDO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20139	REY ESPINOZA JOSE FRANCISCO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20140	GOMEZ TREJO JOSE GERARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20141	LOM CASTILLO JOSE GILBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20142	OROZCO HERNANDEZ JOSE GUERRERO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20143	RODRIGUEZ RAMIREZ JOSE GUILLERMO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20144	GONZALEZ FLORES MYRNA FERNANDA	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20145	YEPIZ DELGADO MARIA REBECA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20146	TORRES QUIÑONES JOSE LORENZO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20147	DERAT CABALLERO JOSE LUIS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20148	ESCALANTE RAMOS JOSE LUIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20149	MARTINEZ CORDOVA JOSE LUIS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20150	ROMERO MURILLO JOSE LUIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20151	LECHUGA PARADA NADIA JANETH	25 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20152	MONTES TARANGO MARIA VALERIA	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20153	PEREZ HERNANDEZ MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20154	HOLGUIN TORRES JOSE LUIS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20155	MENDIAS OLIVAS MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20156	REZA NAVARRO JOSE MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20157	BALAGUER LARA MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20158	DIAZ DE LA ROSA JOSE MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20159	RAMIREZ GONZALEZ MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20160	PACHECO TERRAZAS MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20161	PEÑA DURAN MARIANA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20162	RODRIGUEZ VEGA JOSE MANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20163	MARTINEZ SERNA JOSE MARIA	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20164	PRIETO RAMIREZ JOSE MARIA	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20165	PRIETO RIVERO JOSE MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20166	RIVERA POUMIAN MARIANA ELIETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20167	GONZALEZ TAPADERA ABELARDC	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20168	CATARINO TALAMANTES JOSE MIGUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20169	PEREZ SALDIVAR JOSE MISSAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20170	CONTRERAS ANCHONDO MARIANA ELIZABETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20171	GAMEZ DUARTE JOSE OCTAVIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20172	RIVAS ESTRADA OSCAR ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20173	CONTRERAS FACIO JOSE PABLO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20174	VISCONTI CAMACHO JOSE RAFAEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20175	VILLALOBOS HINOJOS MONICA DANIELLE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20176	RODRIGUEZ AMPARAN JOSE RAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20177	MOJICA MONTES JOSE RAUL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20178	HOLGUIN CHIQUITO JOSE RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20179	RIVAS ESCARCEGA JOSE ROBERTO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20180	ROBLES SANCHEZ MARIANA JANETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20181	BORJA DOMINGUEZ JOSELIN ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20182	MARIN TOVAR JOSELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20183	CAZARES PARSON JOSEPH MARIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20184	MENA NUÑEZ JOSHUA EMMANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20185	JIMENEZ ACOSTA MARIANA KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20186	NORIEGA ALVIDREZ JOSHUA EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20187	VALDIVIEZO MARTINEZ MARIANA LIZBETH	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20188	ESCOBAR ARELLANES JOSLIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20189	MEJORADO MONTES MARIBEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20190	REYNOSA VEGA JOSSETH EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20191	MILLAN REZA MONICA GISELLE	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20192	GONZALEZ VALDIVIEZO JOSUE ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20193	SANCHEZ URANGA JOSUE ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20194	LOPEZ MENDOZA JOSUE JOAB	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20195	MINJAREZ MEDINA JOSUE RICARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20196	HERNANDEZ GONZALEZ JOVANY EDUARDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20197	SOTO AGUILAR MARIEL AILEEN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20198	MORENO SOTO MARIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20199	SOLANO CORREA JOYCE YULIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20200	MONTAÑEZ BONILLA JUAN ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20201	CHAVIRA MARES JUAN ALEXIS	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20202	DURAN LOPEZ JUAN ANTONIO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20203	PARRA VALDEZ JUAN ARMANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20204	VALENCIA DEL VAL MARIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20205	DELGADO PALACIOS JUAN CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20206	GANDARILLA JIMENEZ MARIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20207	VEGA GARCIA JUAN CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20208	OCHOA RAMIREZ JUAN CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20209	ROBLES BEJARANO JUAN CARLOS	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20210	SAENZ RODRIGUEZ JUAN CARLOS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20211	RUEDAS NUÑEZ JUAN FRANCISCO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20212	ARRIETA ESCAPITA JUAN IVAN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20213	VILLEGAS DOMINGUEZ MARIO HUMBERTO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20214	BUSTILLOS GANDARA JUAN JOSE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20215	BUSTAMANTE AYALA MARIO IVAN	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20216	ARMENDARIZ ALVARADO MARISOL	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20217	TORRES PEREZ MARISOL	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20218	CARDENAS AVILA MARISOL	24 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20219	BOLIVAR ESPINOZA JUAN LUIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20220	FIERRO SANCHEZ JUAN LUIS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20221	ANDRADE LEGARDA JUAN LUIS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20222	SANCHEZ DOMINGUEZ JUAN MANUEL	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20223	CONTRERAS VALLE MARISOL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20224	MALAGA IXTEPAN JUAN MANUEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20225	RIVAS SALMERON JUAN MARTIN	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20226	RODRIGUEZ SOLIS MARISOL	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20227	CHACON JAQUEZ JUAN PABLO	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20228	GARCIA ENRIQUEZ JUAN PABLO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20229	MEDINA GARDEA JUAN PABLO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20230	NIETO OLIVAS LILIANA	37 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20231	LEYVA RIVERA JUAN SILVESTRE	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20232	CHAVEZ ALARCON JUDITH ALICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20233	ORTIZ BUSTILLOS NADHJA ARACELY	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20234	ESCAPITA CAMPOS JUDITH ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20235	ORONA LEGARDA JUDITH ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20236	ARZAGA TORRES JUDITH ISELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20237	EINAUDI ROMAN JULIETA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20238	PALMA LOPEZ JULIO ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20239	PICASO MONTOYA JULIO ANDREE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20240	CINCO DOZAL KAREM MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20241	MEDINA REYES KAREN ALEGRIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20242	RAMIREZ CENICEROS KAREN ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20243	BATRES MEDINA MARISSA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20244	SANCHEZ MANCINAS MARITRINY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20245	PEREZ MENA KAREN ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20246	YAÑEZ ACOSTA MARCELA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20247	TORRES RAMOS KAREN ANGELICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20248	CHACON ZAMORA KAREN BIBIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20249	QUIÑONEZ PEÑA KAREN DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20250	COTA MUÑOZ MARITZA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20251	PRIETO REYES KAREN FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20252	MATA MUSY MARLENE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20253	LEDEZMA BELL KAREN HAZIEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20254	SILVA ESCALANTE PAMELA ELI	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20255	SANDOVAL GONZALEZ KAREN ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20256	SALCEDO VILLA KAREN IVETTE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20257	RAMIREZ DE LA RIVA KAREN JUDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20258	RODRIGUEZ PEREZ KAREN MELISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20259	SALAS AVILA KAREN NAYELI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20260	MARCIAL GUTIERREZ MARLON URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20261	SALDAÑA VALDENEGRO KAREN PAMELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20262	REYES GOMEZ ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20263	CARRERA SOSA KAREN SARAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20264	ROMERO SANCHEZ LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20265	CHAVARRIA LUNA KAREN VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20266	PORTILLO ORTIZ NADIA KARINA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20267	BENITA CARRILLO KAREN YOATZIN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20268	REYES VILLA KARIME XIADANY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20269	MELGAR MATA KARINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20270	CARNERO DE LIRA KARINA ADRIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20271	PALACIOS HERNANDEZ KARINA ALEJANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20272	NUÑEZ GODOY NADIA VANESSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20273	TARANGO RODRIGUEZ KARINA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20274	RONQUILLO RIOS MARCO RICARDO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20275	LOPEZ LOERA KARINA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20276	BENAVIDES TORRES KARINA RENATA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20277	VARGAS PORRAS NALLELI JETZEL	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20278	CHAVEZ GALAVIZ NALLELY NOHEMI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20279	JAQUEZ MARTINEZ KARLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20280	JACQUEZ FLORES MARTHA ELVIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20281	ARROYO RODRIGUEZ KARLA ANDREA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20282	ENRIQUEZ TORRES KARLA DANIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20283	AYALA GONZALEZ KARLA FABIOLA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20284	GARCIA LARES NATANAEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20285	SILVA REYNOSO MARTIN ALEXIS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20286	ORTA BARRAZA KARLA KARINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20287	BARRIOS PEREZ KARLA MARIAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20288	BALDERRAMA GARCIA KARLA MARIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20289	SAAVEDRA NUÑEZ KARLA MARLENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20290	LOPEZ BALTIERRA MARTIN EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20291	RIOS MIRANDA MARTIN MANUEL	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20292	PEREZ LARA KARLA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20293	NUÑEZ CASTAÑEDA KARLA NOEMI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20294	DE LA HOYA MERCADO OSCAR EDUARDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20295	RAMIREZ CHAVARRIA KARLA ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20296	VARGAS VILLA MARTIN OSVALDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20297	ESTRADA YAÑEZ KARLA ROCIO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20298	ROCHA AYALA KARLA ROCIO	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20299	LEYVA GANDARA NAZARY SIKLALY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20300	NAJERA GALAZ KARLA SELENE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20301	AYALA SALAZAR KARLA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20302	MENDOZA ROJO MARVIN	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20303	COSS CHAVEZ MARY ALEXIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20304	HERNANDEZ HERNANDEZ KARLA SUSETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20305	ROJAS ORTIZ KARLA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20306	SOTELO AGUIRRE KARLA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20307	LERMA ALVAREZ KARLA VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20308	DIAZ AGUIRRE MARY LOU	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20309	CHAVEZ TERRAZAS MANUEL MARTIN	59	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20310	MUÑOZ CHAVEZ MARYNEE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20311	RODRIGUEZ DIAZ NESTOR BALTAZAR	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20312	HERNANDEZ FELIX JUAN MOISES	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20313	BOLAÑOS RODRIGUEZ MASSIEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20314	OAXACA DURAN KARLA VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20315	LEYVA TALAMANTES KARLA VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20316	MARTINEZ OCEGUEDA KARLA VIOLETA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20317	MENDOZA ZA VALETA MATILDE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20318	JIMENEZ ATHIE NESTOR FERNANDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20319	SALINAS QUEZADA KARLA VIVIANA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20320	TABLAS FIERRO MAUREN JULISSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20321	BAEZ AVILA KARLA YAZMIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20322	ROCHA RIVERO KARLA YEILIN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20323	DELGADO GONZALEZ MAURICIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20324	CHAPARRO PORTILLO NOEL	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20325	MANRIQUEZ QUINTANA NESTOR MANUEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20326	PAYAN ARZATE KAROL EVELYN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20327	CORRAL LEAL MYRIAM JOVANA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20328	JURADO HERNANDEZ MAURICIO FERNANDO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20329	PAYAN GARDEA MAGDALENA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20330	RAMOS AYALA MANUEL ALEJANDRO	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20331	OLIVAS FUENTES NIDIA PATRICIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20332	MUÑOZ BENCOMO ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20333	SEPULVEDA ORTIZ MANUEL ALEJANDRO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20334	GARDEA GUTIERREZ ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20335	DE LARA CONTRERAS ABIGAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20336	VAZQUEZ CASTRO KAROLINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20337	ZAMORA REYES NORA IVETH	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20338	TENA MACIAS MAURO OMAR	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20339	ARMENDARIZ PEÑA FRANCISCO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20340	DAVILA SANCHEZ ALAN IVAN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20341	REYES GRANADOS ADRIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20342	MARTINEZ DIAZ DE LEON GUEVARA MAYELA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20343	NAVA ADAME ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20344	LOZOYA ORTEGA ABRAHAM EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20345	PARRA ARTEAGA MARIA SOLEDAD	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20346	SILVA HIDALGO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20347	JIMENEZ CARRILLO ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20348	RAMOS RASCON ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20349	SORIANO DICK ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20350	PEREZ CHACON KASANDRA YAHAIRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20351	ARVIZU AGUIRRE NORMA CECILIA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20352	NEGRETE CISNEROS KASSANDRA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20353	GONZALEZ DIAZ ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20354	BECERRA CORDOVA OMAR ANDRES	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20355	MARTINEZ NIETO ADRIAN ALBINO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20356	LARRETA CISNEROS KASSANDRA MICHELLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20357	COVARRUBIAS REGALADO KATHERINE GABRIELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20358	SOTO RUACHO ABRIL ANGELICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20359	GUTIERREZ QUINTANA FERNANDA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20360	DURSTEWITZ GUERRERO ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20361	HERRERA GARZA ABRIL DANALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20362	TORRES ESCUDERO OMAR ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20363	GUERECA RODRIGUEZ ABRIL FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20364	DE LA VEGA MONTIEL LIZETH VERONICA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20365	PALMA MENCHACA OLIMPIA CAROLINA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20366	SAMANIEGO RODARTE ADRIAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20367	JAVALERA CHAVIRA VICTORIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20368	ALCALA RIOS ROBERTO ULISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20369	CAZARES BARAJAS LILIA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20370	CASTILLO AVILA LILIAN VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20371	SALAZAR SAENZ LILIANA ANDREA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20372	ALVAREZ AGUIRRE SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20373	SAUCEDO AYALA LILIANA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20374	AYALA ZAMORA ROCIO ESMERALDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20375	MONTAÑO RIVERA LINDA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20376	FIERRO VENEGAS LINDA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20377	GARCIA LUCERO LINDA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20378	ESCOBEDO BATISTA LINETH NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20379	MIRAMONTES PARRA LINETH RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20380	LOYA LOPEZ LINETTE TAMARA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20381	ESTUPIÑÓN MORENO LINKS ALDAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20382	SACRISTAN LEGARDA LISA NATALIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20383	MOLINA HERNANDEZ LISBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20384	VARELA PACHECO LISETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20385	GUTIERREZ TERRAZAS LITZY JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20386	LONGORIA PEREZ LITZY LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20387	GONZALEZ ZUÑIGA LITZY MAGDIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20388	GONZALEZ GUTIERREZ LITZY NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20389	CEBALLOS PALMA LITZY PAOLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20390	ESTRADA VALLES SOFIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20391	AYALA GUZMAN LIZ ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20392	BUSTILLOS QUEZADA ROCIO SAMARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20393	SUAREZ MORALES LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20394	MENDOZA ROJO LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20395	ARAGON QUINTERO LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20396	POSADA JACQUEZ RODOLFO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20397	CHAVIRA ORTIZ LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20398	NIEVES ZUBIA LIZBETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20399	SANCHEZ CERVANTES SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20400	CHAVEZ OROZCO LIZBETH ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20401	MORA ROSALES LIZBETH ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20402	HERNANDEZ VILLALOBOS SARAI	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20403	ROJAS RODRIGUEZ LIZBETH ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20404	DIAZ MARIN RODOLFO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20405	MARTINEZ CASTAÑEDA LIZBETH CITLALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20406	GOMEZ AYALA RODRIGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20407	SAENZ CHAVEZ LIZBETH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20408	MARQUEZ ORRANTIA RODRIGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20409	CHAVIRA CARAVEO LIZBETH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20410	SAENZ MARTINEZ LIZBETH HAYDEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20411	ORTEGA LOPEZ LIZDAL KARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20412	SANCHEZ ENCINAS SAMANTHA NICOLE	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20413	ACOSTA RAMOS LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20414	RAMIREZ SARMIENTO LIZETH ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20415	CHAVEZ AYALA LIZETH EDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20416	RUIZ GARCIA LIZETH GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20417	GONZALEZ ACOSTA SOFIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20418	JUAREZ RAMOS LIZETH JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20419	TORRES MOTA LIZETH KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20420	PONCE DE LEON LOPEZ LIZETH STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20421	REYNAGA HERNANDEZ LIZETH VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20422	SAENZ ORTEGON RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20423	ZALDIVAR HERNANDEZ LIZETT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20424	BENAVIDES GRAJEDA RODRIGO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20425	MARTINEZ TORRESDEY LLUVIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20426	ARMENDARIZ MENDOZA LLUVIA IDALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20427	HERNANDEZ MADRIGAL RODRIGO ANTONIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20428	CARRILLO RODRIGUEZ LLUVIA ROCIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20429	PEREZ GARCIA LORENA VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20430	RODRIGUEZ PARDO SOFIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20431	TORRES CABALLERO RODRIGO ISAI	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20432	GONZALEZ ROMAN LOURDES ABIGAIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20433	MENDOZA ORONA LOZEN VICTORIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20434	TARANGO MEDRANO LUCERO BERENICE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20435	OLMOS GUTIERREZ LUCERO IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20436	MENDEZ AGUIRRE ROGELIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20437	HERNANDEZ FRANCO CARLOS	64	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20438	PEDRAZA SOTELO NELSSON	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20439	GARCIA LOPEZ LUCIA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20440	RIVAS ALONSO LUCIA ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20441	HERNANDEZ MENDOZA LUIGGI ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20442	SAENZ LEGARDA LUIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20443	HERNANDEZ MELENDEZ LUIS ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20444	CHAVEZ CALDERON LUIS ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20445	OLIVAS DOMINGUEZ ROGELIO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20446	VAZQUEZ CHACON LUIS ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20447	CASTILLO RODRIGUEZ ROLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20448	GOMEZ CELAYA LUIS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20449	LERMA VILLALOBOS LUIS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20450	BENCOMO JORDAN LUIS ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20451	LOPEZ CHAVEZ LUIS ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20452	CAVANZON COVARRUBIAS ROLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20453	MARTINEZ GUERRA LUIS ALDAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20454	SILVA GAMBOA LUIS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20455	DEL VILLAR PARRA LUIS ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20456	RIVERA ORDOÑEZ LUIS ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20457	BUSTAMANTE MARRUFO LUIS ALFREDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20458	GOMEZ AVITIA LUIS ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20459	PAEZ CORDOVA ROSA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20460	RUIZ OLAVE LUIS ANDRES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20461	ARMENDARIZ CHAVEZ LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20462	ALMANZA LAREZ SOFIA VICTORIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20463	RODRIGUEZ NEVAREZ LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20464	PAYAN CANO ROSA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20465	RAMOS VALLES LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20466	PALACIOS RUELAS LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20467	REYES LOYA SOFIA KARELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20468	URIBE VALLES LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20469	ARAGON COTA LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20470	RAMIREZ TREJO LUIS ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20471	MARTINEZ TARIN LUIS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20472	AGUILERA REY ROSA IRIS	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20473	GARCIA ROMERO LUIS ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20474	CHAVEZ LOPEZ SONIA BERENICE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20475	TERRONES MORALES SONIA BERENICE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20476	AVILA MARTINEZ LUIS ARITH	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20477	GARCIA PEÑA ROSA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20478	PIÑÓN CASTILLO SONIA GUADALUPE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20479	CASTRO CALDERON RUTH MADAHÍ	27 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20480	ALVARADO TALAMANTES LUIS ARMANDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20481	RODRIGUEZ ULATE LUIS ARMANDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20482	MARTINEZ AYALA ROSA PAULINA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20483	OCHOA RIVERA LUIS ARMANDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20484	MASCORRO HERNANDEZ MIGUEL ANGEL	38 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20485	NASSI PRIETO ROSARIO JACQUELINE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20486	AGUILAR MONTOYA LUIS ARTURO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20487	NORIEGA RIVERA LUIS CARLOS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20488	ALVAREZ BARRAZA SOL MELISSA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20489	SOTO VARGAS SANTIAGO ALFREDO	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20490	ARELLANES MUELA LUIS CARLOS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20491	GARCIA ARAIZA LUIS CARLOS	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20492	DUQUE RIVERA LUIS CARLOS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20493	MARQUEZ CALDERON LUIS CARLOS	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20494	RASCON NEVAREZ LUIS CARLOS	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20495	MORENO DE ANDA LUIS CARLOS	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20496	SOTO PRIETO LUIS DANIEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20497	CASAS VELAZQUEZ LUIS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20498	OCHOA POBLANO LUIS DANIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20499	CASTRO MORENO LUIS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20500	ARCINIEGA DELGADO LUIS DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20501	OGAZ ACEVES ROXANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20502	ESCAPITA ZAPIEN LUIS DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20503	CANO PALMA LUIS DAVID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20504	AGUILAR CHAVARRIA ROXANA MARIELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20505	JAQUEZ GONZALEZ LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20506	ALVARADO HIDALGO LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20507	CENICEROS ESCOBAR RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20508	TELLO CERVANTES LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20509	DELGADO SAENZ LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20510	NAJERA DOMINGUEZ LUIS EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20511	DOMINGUEZ SAENZ LUIS ELY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20512	EINAUDI SOTO LUIS EMILIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20513	VALENZUELA DE LEON RUBEN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20514	ECHAVARRIA CABRAL LUIS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20515	MARTINEZ SERRANO LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20516	CABRAL JAIME LUIS ENRIQUE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20517	ARREDONDO MENDEZ LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20518	ALVIDREZ BARRIOS LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20519	FERNANDEZ REZA LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20520	GONZALEZ GANDARA LUIS ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20521	RIVAS TARIN LUIS ERNESTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20522	MEDINA MOLINA LUIS ERNESTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20523	RIOS CONTRERAS LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20524	PAREDES MARQUEZ LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20525	GARCIA AGUIRRE SARHA YUDITH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20526	FELIX MATA LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20527	LOPEZ PINEDO LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20528	CHAVARRIA REYNA LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20529	PEREZ ESPINO LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20530	CASTILLO RODRIGUEZ LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20531	FIGUEROA QUIÑONEZ LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20532	RUIZ ROCHA LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20533	ESTRADA CHAVEZ LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20534	ARGUELLES ESPINOZA LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20535	GAMBOA LIMAS LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20536	SOTO ARANA LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20537	RUIZ AGUILAR LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20538	ALVAREZ TENA LUIS FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20539	REYES CARBALLO STEPHANIE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20540	MORALES MARQUEZ STEPHANIE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20541	ESCORZA GALINDO LUIS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20542	DIAZ CARRANZA LUIS FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20543	SANCHEZ RUIZ LUIS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20544	RIOS NAVA LUIS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20545	SIMENTAL GONZALEZ RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20546	CONCHA QUINTANA RUBEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20547	ALVAREZ LUGO LUIS GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20548	HERNANDEZ ANDRADE RUBEN ANGEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20549	ORDUÑO HERNANDEZ LUIS HUMBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20550	IZQUIERDO MORAN LUIS HUMBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20551	MONTES DE OCA ZUBIA LUIS JAIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20552	CONCHOS MENDOZA LUIS JAVIER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20553	GUILLEN LUJAN LUIS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20554	AGUIRRE HINOJOS LUIS MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20555	CASTRO GUTIERREZ LUIS MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20556	MORAN GRACIANO LUIS OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20557	ESTRADA FLORES RUBEN ARTURO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20558	VALLES HOLGUIN LUIS OSWALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20559	HERRERA SANCHEZ LUIS RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20560	ZUBIA MELENDEZ SOL MIREYA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20561	RIVERA CHAVEZ LUIS RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20562	LARA HOLGUIN LUIS RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20563	HERNANDEZ ENRIQUEZ LUIS RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20564	SIAS TIRADO LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20565	CHAVEZ CERECERES RUBEN DAVID	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20566	MARTINEZ FLORES RUBEN ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20567	RUBIO . LUIS RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20568	LECHUGA ESTRADA LUIS RAUL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20569	SILVA LARA RUBEN EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20570	MELENDEZ BARRAZA LUIS RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20571	CHAVEZ FLORES LUIS REYNALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20572	CORONA RAMOS LUIS ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20573	GONZALEZ RAMOS LUIS ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20574	HURTADO LOPEZ RUBEN ESAU	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20575	ARZATE VILLALOBOS RUBEN FERNANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20576	GONZALEZ LOPEZ LUIS RUBEN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20577	HERNANDEZ ACOSTA LUISA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20578	CARBALLO TARANGO RUBEN JESUS	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20579	TARANGO DEL HIERRO STEPHANIE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20580	MORENO MUÑOZ LUISA ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20581	OCHOA PUERTA LUISA DAFNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20582	PALACIOS LOZANO LUISA DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20583	GUTIERREZ PEREZ RUBEN RICARDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20584	DELGADILLO ENRIQUEZ LUISA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20585	DURAN RAMIREZ LUISA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20586	RONQUILLO NAVA RUBI DANIELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20587	GUZMAN MENDEZ RUBI PAMELA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20588	ROMERO RODRIGUEZ LUISA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20589	TERAN SANTINI LUISA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20590	BLANCARTE FLORES LUISA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20591	CANO DOMINGUEZ LUISA FERNANDA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20592	ARIAS BARRON LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20593	GALLEGOS GODOY LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20594	LUEVANO HIGINIO LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20595	ZEPEDA GILL LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20596	PIÑON DURAN LUISA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20597	ROMERO CASTILLO LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20598	GARCIA ZEPEDA LUISA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20599	MENA ACEVES LUISA GISSELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20600	ESPINOZA MONTANA LUISA VERONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20601	VALLES LICON LUISANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20602	FLORES CHAVEZ LUZ ALONDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20603	GONZALEZ RODRIGUEZ LUZ ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20604	MOLINA GARCIA RUBI ROSALBA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20605	CERECERES CAZARES LUZ AMELIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20606	RODRIGUEZ GUTIERREZ LUZ CLARISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20607	LOPEZ MATAMOROS LUZ GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20608	TREVIZO DOZAL RUBY YESSENIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20609	CANO RUIZ RUTH GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20610	ARISTI ACOSTA SALVADOR	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20611	RUIZ ESPARZA ACUÑA LUZ IMELDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20612	MALDONADO JOPLI LUZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20613	VAZQUEZ RONQUILLO LUZ VIANEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20614	TORRES GONZALEZ MABEL SOCORRO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20615	MIRANDA SOTELO MABELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20616	AVILA CARRILLO MADAI PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20617	SANCHEZ RODRIGUEZ MAGALI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20618	TORRES ROMERO SUSANA IVETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20619	GARCIA CERNA MAGDA KARINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20620	MOLINA VELARDE MAGDALENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20621	MACIAS REYES MAGDIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20622	AYALA AGUIRRE MAGDIEL ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20623	MARTIN DEL CAMPO AGUILAR MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20624	GONZALEZ BANDA RUTH MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20625	PEREZ VEGA SUSANA IVON	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20626	MARIONI MANRIQUEZ MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20627	LUBBERT FUYIVARA MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20628	VILLANUEVA GONZALEZ MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20629	PEREZ HERNANDEZ MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20630	MONRREAL CONTRERAS MANUEL ABRAHAM	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20631	FONG SAUCEDO MANUEL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20632	UGARTE DUARTE MANUEL ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20633	HERNANDEZ JUAREZ RUTH MARIANNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20634	CODINA GUTIERREZ SAHIAN VIRIDIANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20635	FLORES CUETO EMILY	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20636	LOPEZ MEDRANO MANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20637	LUCIO ROBLES MANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20638	GAMEZ PEÑA MANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20639	CORONA GARCIA MANUEL ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20640	ZUBIA RODRIGUEZ MANUEL ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20641	ROMAN AVILA SAMUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20642	BALDERRAMA CHAPARRO MANUEL ALFONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20643	BAÑALES ESTRADA MANUEL ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20644	SALVATIERRA MENDEZ MANUEL ANGEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20645	VILLA ZAMORA MANUEL ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20646	AVALOS ITUARTE MANUEL ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20647	QUINTANA OCHOA MANUEL ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20648	GUTIERREZ SANCHEZ MANUEL ENRIQUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20649	RAMIREZ VALDEZ MANUEL EZEQUIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20650	RIVERA MUÑOZ MANUEL FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20651	CANO GARCIA MANUEL FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20652	DIAZ CALZADILLAS MANUEL FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20653	TAGLE POMPA SAHIRA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20654	GARCIA MORALES SAUL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20655	JURADO LAZOS MANUEL ISAI	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20656	CHAVIRA BRIBIESCAS MANUEL IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20657	SILVA OCHOA MANUEL JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20658	LOPEZ RODRIGUEZ MANUEL RAFAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20659	TERRAZAS MURUATO SAID JASIEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20660	CAVAZOS TREVIÑO SUSANA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20661	BALDERRAMA LOZOYA MANUEL RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20662	VALENZUELA GONZALEZ RUBIO SAID MANUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20663	RICO MACIAS MANUEL RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20664	LOYA ORNELAS MANUEL ROBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20665	OLIVAS SALINAS MANUEL SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20666	VALENZUELA CHAVEZ MARCELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20667	SEPULVEDA CONTRERAS MARCELA ANAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20668	CERECERES GARCIA MARCELA INDIRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20669	DIAZ HERNANDEZ SAIR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20670	FERNANDEZ VELAZQUEZ MARCELA IVETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20671	SIGALA RODRIGUEZ MARCELA PATRICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20672	MUÑOZ NEVAREZ MARCELO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20673	MARRUFO DOMINGUEZ MARCO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20674	ZAPATA AZAR MARCO ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20675	ESCARCEGA VELAZQUEZ MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20676	SALCIDO MORENO MARCO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20677	SAENZ CHAVEZ MARCO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20678	ZUBIA CAZARES MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20679	PEINADO CARMONA MARCO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20680	QUINTERO VARGAS EMMA ZOE	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20681	VARELA HOLGUIN MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20682	ACEDO REZA MARCO ANTONIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20683	HERNANDEZ ALVIDREZ MARCO ARIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20684	DAVILA ALDANA MARCO ARTURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20685	VILLADO SANDOVAL MARCO FRANCISCO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20686	QUIÑÓNEZ DIAZ SAIRA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20687	ROSAS IRIGOYEN MARCOS ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20688	MARIN RIVERA TAMARA ABIGAIL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20689	CORDOVA CAMUÑEZ MARCOS ARIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20690	TERRAZAS ARMENDARIZ MARCOS FERNANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20691	NUÑEZ ALVARADO MARCOS IRAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20692	MARTINEZ CHAVIRA ERIKA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20693	HOLGUIN RODRIGUEZ MARCOS JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20694	TELLEZ SILVA MARCOS RAMON	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20695	VARGAS BLANCO MARCOS SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20696	ACOSTA BENCOMO MARCYA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20697	ESTRADA SIFUENTES MARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20698	HINOJOS FLOTTE RAUL ALFONSO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20699	DE LA MORA MENDEZ MARIA ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20700	MARTINEZ CHAPARRO TANIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20701	BARRIENTOS SANCHEZ MARIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20702	ALVIDREZ GALVAN MARIA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20703	MORALES MALDONADO SALMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20704	VILLALOBOS SALDAÑA MARIA DE JESUS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20705	VAZQUEZ MOTA MARIA DE LA LUZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20706	HERNANDEZ ESPARZA MARIA DE LOS ANGELES	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20707	HERNANDEZ IBARRA TANIA CAROLINA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20708	RENOVA BENCOMO MARIA DE LOS ANGELES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20709	CRUZ GARCIA SAUL ARNOLDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20710	REGALADO TORRES RUBRIA AURORA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20711	VILLARREAL AUDIFFRED SALMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20712	SOLIS CASTELLANOS SANDRA VALERIA	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20713	DOMINGUEZ OCHOA MARIA DE LOS ANGELES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20714	CALDERON ESPINOZA SALMA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20715	FONTES DIAZ MARIA DEL CARMEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20716	AVILA CERVANTES MARIA DEL CARMEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20717	SUAREZ SALCIDO MARIA DEL CARMEN	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20718	MONTELONGO CASTRO SASHA MELISSA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20719	MENDOZA ARAGON SALMA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20720	VILLALOBOS GARCIA SAUL EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20721	HOLGUIN MARMOLEJO TANIA IBETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20722	GONZALEZ PEREZ MARIA DEL CIELO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20723	GAMBOA LICON SALMA IXEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20724	ELIZALDE GONZALEZ MARIA DEL MAR	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20725	RIVAS AGUILAR SALMA JOZABED	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20726	BELTRAN MURILLO MARIA DEL REFUGIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20727	PORRAS ROJAS MARIA ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20728	PRIETO MARTINEZ MARIA ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20729	JACOBO MORALES MARIA EUGENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20730	TORRES SANCHEZ SALVADOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20731	DELGADO CALDERON SALVADOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20732	DIAZ . TANIA JOSEFINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20733	PARRA PEREZ MARIA EVA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20734	QUINTANA VILLALBA SONIA ZITLALY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20735	IBARVO ROMO MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20736	REYES SANDOVAL MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20737	ZAMARRON AGUIRRE ESTEFANIA IVONNE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20738	GARCIA HERNANDEZ SALVADOR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20739	ARMENDARIZ REYNAGA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20740	GALICIA RAZO MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20741	MORENO FLORES MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20742	HERRERA MARTINEZ SAMANTHA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20743	MERAZ TURRIZA SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20744	GAYTAN CARO SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20745	GASTELUM LUCERO MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20746	CASTELLI OLVERA SARAH I ISUKI	36	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20747	BONILLA MARILES MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20748	ORTIZ APONTE SALVADOR	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20749	MENDOZA HERNANDEZ SAMANTHA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20750	FLORES MARQUEZ SAUL EMILIANO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20751	SANJURJO AGUILERA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20752	MARTINEZ JAQUEZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20753	MAJALCA CARRILLO MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20754	GARCIA FERREIRO MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20755	RIVERA GONZALEZ MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20756	SERRANO BERUMEN MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20757	BARRIGA RAMOS MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20758	RIOS BUENO MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20759	GUEVARA VILLALOBOS MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20760	RAMOS ORRANTIA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20761	HINOJOSA BAÑUELOS MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20762	PEREZ PRIETO SAMANTHA NOHEMY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20763	CHAVEZ CHAVEZ MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20764	GOMEZ OGAZ SAMARA NAHOMI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20765	DELGADILLO ANAYA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20766	MARTINEZ CRUZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20767	OCHOA CARMONA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20768	OLIVAS MENDOZA MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20769	RAMIREZ DURAN SAMUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20770	ALMUINA OROZCO SAMUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20771	HERNANDEZ JIMENEZ MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20772	RASCON FUENTES TANIA KARIME	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20773	MADRID HERRERA SAMUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20774	RIOS GOMEZ MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20775	JACOBO MORALES MARIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20776	PEREZ SAENZ MARIA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20777	DIAZ RUELAS SAMUEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20778	HERNANDEZ BUSTOS MARIA GEORGINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20779	ORTEGA VALDEZ SAMUEL ESTEBAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20780	SOTO MARENTES MARIA GIOVANNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20781	PINEDA BARRAZA MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20782	VILLA SEGOVIA SAMUEL JACOBO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20783	VELEZ CHICO MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20784	MUÑOZ REZA MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20785	FLORENCIO GARCIA MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20786	HERNANDEZ CASTRO MARIA GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20787	CORDOVA GONZALEZ MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20788	CORTES GARCIA SANDRA BEATRIZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20789	ALVARADO NIETO TANIA LIZETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20790	MORA CRUZ MARIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20791	TREJO CARRILLO MARIA INES	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20792	QUIÑONEZ RUIZ MARIA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20793	CERVANTES ARELLANO MARIA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20794	RAMOS ULLOA SAUL EMILIANO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20795	ALVAREZ ROMERO MARIA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20796	MURO JAQUEZ MARIA JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20797	ESTRADA GARCIA MARIA JAZMIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20798	CAMPOS FLORES MARIA JOSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20799	PEDROZA HERNANDEZ MARIA JOSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20800	RUIZ DE LA PEÑA MOLINAR MARIA JOSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20801	ESCOBAR SAENZ MARIA LAURA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20802	DE LA RIVA CASILLAS MARIA LILIAN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20803	ESPINO ALVARADO MARIA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20804	MARTINEZ LAZCANO MARIA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20805	VALDEZ BORUNDA MARIA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20806	URRUTIA RUIZ MARIA LUISA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20807	MONDACA DOMINGUEZ MARIA MAGDALENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20808	GONZALEZ TORRES SANDRA CAMILA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20809	ENRIQUEZ MARTINEZ MARIA MORELIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20810	MACIAS JARAMILLO ROBERTO ADRIAN	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20811	CHAVEZ GONZALEZ MARIA NAYOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20812	MEZA SOSA MARIA NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20813	GARCIA CAZARES SANDRA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20814	GALDEANO SAENZ MARIA NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20815	GOMEZ FLORES MARIA REFUGIO	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20816	HERNANDEZ BALANDRAN MARIA SARAI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20817	REYES PEREZ MARIA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20818	RUIZ RODRIGUEZ SANDRA MELISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20819	LARA PIÑON MARIALLY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20820	PEÑA PEREZ MARIALLY FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20821	GONZALEZ BELTRAN MARIAM GISEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20822	NAVA AGUIRRE MARIAM SUSET	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20823	CARAVEO NERI MARIAN ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20824	LUJAN MONTOYA MARIAN FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20825	ESTRADA TORRES MARIAN LIZELDI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20826	PANTOJA HOYOS OCTAVIO JERONIMO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20827	MADRID MORENO MARIAN PRISCILLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20828	ROJO ROMAN MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20829	COLOMO SOTO MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20830	TAMES TERRAZAS MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20831	OLIVAS TOBIAS SANDRA NAYELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20832	ACOSTA GOMEZ MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20833	DIAZ BALDERAS MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20834	TORRES SARABIA SANDRA NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20835	ARZOLA LIRA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20836	CARRILLO REYES MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20837	RODRIGUEZ PEÑA SAUL ESTEBAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20838	TORRES HERNANDEZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20839	MEZA PEINADO MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20840	VILLALOBOS ULATE MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20841	OLVERA ARMENTA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20842	GUTIERREZ MELO MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20843	PEREZ ECHAVARRIA SANDRA VICTORIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20844	CARRASCO CHAVIRA SANDY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20845	LOYA CARDONA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20846	ROJAS GUTIERREZ SANDY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20847	CHAVEZ SALAS MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20848	SALAS GARCIA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20849	GUERRA MARTINEZ TANYA YANIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20850	PEDROZA PADILLA SANTIAGO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20851	TREVIZO GRANADOS SONNY EDEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20852	SANTOS LARA MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20853	OLIVAS VAZQUEZ MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20854	CARRILLO MOLINA SARA CRISTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20855	BERDEJA ACOSTA SARA MARCELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20856	SOTO MUÑOZ SARAHI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20857	URUETA TORRES MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20858	GARCIA RODRIGUEZ MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20859	LUNA BARRAZA SARAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20860	CARRASCO GALLARDO MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20861	OCHOA DEL CASTILLO MIRIAM RUTH	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20862	RIVAS AGUIRRE TIFFANY ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20863	OROZCO NIÑO SARAHÍ	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20864	HERNANDEZ TARANGO MARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20865	MARQUEZ SANCHEZ MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20866	ARMIENTA ROJO MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20867	FLORES OLIVAS MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20868	LEON GUERRERO SARAI NAARA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20869	LONGORIA HERRERA SAUL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20870	TORRES GONZALEZ MARIANA FABIOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20871	MARTIN RODRIGUEZ MARIANA HEZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20872	VALDEZ VELO MARIANA JUDITH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20873	MINJAREZ HERNANDEZ MARIANA LYZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20874	MONDRAGON PAYAN MARIANA NICOLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20875	MARTINEZ GUTIERREZ MARIANA YARIZZA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20876	ORDOÑEZ MORA MARIANA ZERETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20877	FIERRO VILLALOBOS MARICARMEN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20878	GONZALEZ DE LA ROSA MARIEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20879	VAZQUEZ RODRIGUEZ MARIEL ALEXIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20880	PERAZA ESPARZA MARIEL MIROSLAVA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20881	OSORIO RUBIO MARIEL RUBI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20882	FIERRO NAJERA SAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20883	RAMOS AMERICANO MARIELA NOEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20884	CHACON GONZALEZ SAUL ALEJANDRO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20885	DE LA O LABRADO MARIELY PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20886	QUEZADA FONG MARIJOSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20887	HERNANDEZ RODRIGUEZ MARILYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20888	HOLGUIN PONCE MARINTHIA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20889	RODRIGUEZ CAMUÑEZ MARIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20890	CORDERO PONCE MARIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20891	RIVERA RUIZ SAUL ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20892	PEREZ CARRERA MARIO ABRAHAM	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20893	ZAPIEN HERRERA MARIO ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20894	BAEZA ESPARZA MARIO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20895	LOPEZ MORALES SAUL EDEN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20896	PONCE CABRIALES SAUL EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20897	HERMOSILLO ARZATE MARIO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20898	FLORES LARA MARIO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20899	BARRERAS CORONA SAUL ISAAC	25 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20900	ARREGUIN PARRA SAUL ISIDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20901	QUIÑONES SERRANO SAUL JESEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20902	QUINTANA SAENZ SAUL OBED	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20903	MIRANDA NAVARRETE MARIO ALBERTO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20904	SALDAÑA MOLINA SAUL RUBEN	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20905	BAÑUELAS MENDOZA MARIO ALBERTO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20906	PACHECO OVANDO MARIO ANDRES	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20907	RENOVA VALADEZ MARIO ARTURO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20908	SANCHEZ FUENTES MARIO EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20909	JIMENEZ AYALA TOMAS ABDEEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20910	REAZA ESCARCEGA MARIO EFREN	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20911	CASTILLO CISNEROS MARIO JAI	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20912	HOLGUIN MACIAS SAULO ARMANDO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20913	PACHECO PARADA MARISA IVETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20914	MACIAS JURADO MARISELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20915	ARGUELLES ONTIVEROS MARISOL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20916	VARELA HERNANDEZ MARISOL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20917	AGUILERA MENDOZA MARISOL	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
20918	BLANCO ARAUJO MARISOL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20919	AVILES GARCIA MARISSA FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20920	PEÑA GONZALEZ MARISSA IVETH	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20921	VELAZQUEZ RUIZ MARITRINI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20922	CABALLERO AGUIRRE MARKO EDUARDO	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20923	LAZOS CORDERO MARLA IVONNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20924	HERRERA ONTIVEROS MARLA VANESSA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20925	MIRELES ARELLANO MARLEC ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20926	CHAVEZ RAMOS MARLEN	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20927	ZUBIA TARANGO MARLEN	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20928	JAQUEZ NUÑEZ SAYRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20929	BALDERAS ROMO MARLENE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20930	LINARES MENDOZA MARLENE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20931	VENZOR SANDOVAL MARLENE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20932	MENDOZA BETANCOURT MARLENE ELENA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20933	GOMEZ DELGADO MARLENE IVONNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20934	GRANADOS BENCOMO MARLENE SUHEEY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20935	GARCIA ROBLES SCARLETT	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
20936	KEEL BRINGAS MARLENNE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20937	PEREZ HERNANDEZ MARLENNE GRISEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20938	ESTRELLA GARCIA MARLON JOSE	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20939	HERNANDEZ SANCHEZ MARTHA MEYATZI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20940	VAZQUEZ SOLIS MARTHA ROMINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20941	ORTIZ VELAZQUEZ MARTHA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20942	GRANILLO CERECERES MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20943	SERRANO RODRIGUEZ MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20944	SANTANA BUJANDA MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20945	PAEZ JR . MARTIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20946	TERRAZAS GOMEZ SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20947	CORRALES CARRILLO SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20948	DOZAL HERNANDEZ MARTIN ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20949	RODRIGUEZ RODRIGUEZ MARTIN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20950	MIRANDA CAMPOS STEFANY DANIAGUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20951	CHALUP DOMINGUEZ MARTIN ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20952	RIOS MUÑOZ MARTIN DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20953	BAÑUELOS HERNANDEZ MARTIN GUADALUPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20954	SANCHEZ PORTILLO STEFANY GABRIELA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
20955	ORPINEDA GARCIA MARTIN ISAIT	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20956	LEAL RICKS SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20957	MOLINA CHAVIRA MARTIN ISRAEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20958	MACIAS ZAMBRANO MARTIN JAVIER	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20959	FLORES CHAPARRO MARTIN RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20960	AGUILAR GUTIERREZ MARTIN SAID	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20961	HERNANDEZ TOQUINTO MARVYN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20962	ESPINO SANTILLAN MARY RUBI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20963	JUAREZ MENDEZ NIDIA PAOLA	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20964	GONZALEZ LOPEZ MATEO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20965	RIOS CHICO TOMAS ALBERTO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20966	YUQUI SANCHEZ MATTEO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20967	GOMEZ FLORES MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20968	SALGADO SOLIS SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20969	PRIETO ORDAZ OLANDA	42	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20970	VILLAR VALLES SAUL RAFAEL	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20971	RUIZ FIERRO MAURICIO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20972	ESPINOZA CAMPOS SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20973	MUNGUIA LOYA MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20974	ORTIZ NAVARRO MAURICIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20975	ZUANY ARGOT MAURICIO ALONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20976	PIÑON FLORES SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20977	CAMACHO ESCALONA MAURICIO IVAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20978	GOMEZ VALENZUELA SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20979	TERRAZAS SANDOVAL SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20980	SIGALA CARRERA ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20981	LOZOYA OLIVAS MAURICIO MANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20982	MONTOYA SANCHEZ MAURO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20983	ORTIZ ARRAZATE MAURO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20984	QUINTANA FIGUEROA MAURO FERNANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20985	RIVERA MENDOZA MAXIMO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20986	ESPINOZA PRIETO MAYBEL ODALYS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20987	MARES LUNA MAYRA AGUSTINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20988	HERRERA ORTEGA MAYRA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20989	RIOS ISLAS MAYRA ESPERANZA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20990	JIMENEZ ROMERO ULISES EMMANUEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20991	CENICEROS RAMIREZ MAYRA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20992	CHAVEZ ESTRADA MAYRA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20993	ONTIVEROS GODINEZ STEPHANY	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
20994	OCHOA DURAN MAYRA JAQUELIN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20995	AGUIRRE RODRIGUEZ ULISES RAMON	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20996	CHAVEZ PINEDA MAYRA LORENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20997	TORRES LOPEZ MAYRA PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20998	TORRES QUIÑONEZ MAYTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
20999	COLLAZO CHAIREZ URIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21000	CHALUP ACOSTA MAYTE AZUCENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21001	ROBLES CASTILLO MAYTE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21002	ROJO BOLAÑOS MELANE YANIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21003	PORTILLO CASTILLO SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21004	VALLES GUTIERREZ URIEL ABRAHAM	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21005	BARRAZA VIZCAINO MELANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21006	REYES GAMEZ MELANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21007	ORTIZ MORALES SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21008	HERNANDEZ HERMOSILLO MELANIE ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21009	DELGADO MUELA MELANIE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21010	HARMON ARRIAGA MELANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21011	VARGAS SANCHEZ MELANY MARELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21012	MOLINA CASTILLO MELISA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21013	BAÑUELAS HERNANDEZ MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21014	TORRES BOJORQUEZ ESTRELLA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21015	MORALES CHAPARRO MELISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21016	CRUZ GUTIERREZ ODILIA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21017	GONZALEZ DOMINGUEZ RODRIGO GUILLERMO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21018	CUEVAS CHAVEZ SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21019	BALDERRAMA LOZOYA MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21020	LEON PARRA EVELYN ALICIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21021	VELO HINOJOS SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21022	PONCE MELENDEZ MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21023	NEVAREZ LOPEZ MELISSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21024	GARCIA TORRES MELISSA ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21025	CARDONA SOSA MELISSA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21026	MORAN MIRANDA MELISSA IVANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21027	TARANGO CHAVIRA MELISSA ODETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21028	GARDEA SALDAÑA MELISSA YAMILETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21029	CASTILLO LUEVANO SEBASTIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21030	CORTEZ SANCHEZ MERARY JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21031	KELLY RODRIGUEZ MERLY GRISELDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21032	SANCHEZ CHACON SEBASTIAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21033	RODRIGUEZ PORRAS METZLI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21034	SALAS HERNANDEZ METZLY ITZEL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21035	FERNANDEZ ROMERO MORAIMA CECILIA	36 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21036	AGUILAR PEÑA SEBASTIAN ALEJANDRO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21037	LOPEZ MUÑOZ METZTLI ELENA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21038	PEREZ ARAMBULA MICHEL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21039	TAPIA JUAREZ SEBASTIAN ARTURO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21040	SOTO ARAGON SEBASTIAN EDUARDO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21041	PINEDA VALENZUELA MICHELL	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21042	REYES HERNANDEZ MICHELL ALEJANDRA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21043	CRUZ CANALES URIEL ALONSO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21044	MEDEL GARCIA MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21045	ONTIVEROS VILLALOBOS MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21046	JAQUEZ PAREDES MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21047	TAFOYA MARROQUIN SEBASTIAN EMMANUEL	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21048	URBINA MARTINEZ MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21049	AVITIA JIMENEZ MICHELLE	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21050	CHAVEZ VELAZQUEZ MICHELLE ALEJANDRA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21051	JUAREZ HUERTA EVELYN GUADALUPE	17 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21052	ALTAMIRANO PALOMARES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	SEBASTIAN MELCHOR									
21053	CARDENAS TIRADO MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ALEJANDRA									
21054	LUNA MATA SELENE VIRIDIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21055	IBARRA ESCARCEGA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ALEXANDRA									
21056	VARELA MAGALLANES SERGIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21057	GANDARILLA GUTIERREZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	MICHELLE ALEXANDRA									
21058	PEREZ GUERRERO MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ANDREA									
21059	RUIZ ACEBO SERGIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21060	MARTINEZ RODRIGUEZ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	MICHELLE ANDREA									
21061	HERNANDEZ IBARRA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ANGELICA									
21062	CHAVEZ ESPARZA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	DENISSE									
21063	CELIS GARCIA MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	FERNANDA									
21064	FIERRO LUCERO MICHELLE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	GABRIELA									
21065	MARQUEZ PIÑA MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	MELISSA									
21066	CARAVEO MENDEZ MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	NALLELY									
21067	CHAVEZ ALANIS MICHELLE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	NOHEMI									

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21068	SALAZAR GUTIERREZ SUSAN YAHAIRA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21069	SANEZ GUTIERREZ MICHELLE VALERIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21070	ALMANZA GUZMAN SERGIO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21071	MIRAMONTES MELENDEZ SERGIO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21072	DOMINGUEZ NAJERA SAYMA LIZETH	25 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21073	MENDEZ CAZARES URIEL ARMANDO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21074	NIETO CARRILLO MIGUEL	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21075	JAQUEZ MONCAYO OLGA OLIVIA	42 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21076	CASTAÑEDA DOMINGUEZ SAUL ALONSO	36 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21077	PORTILLO LOZANO MIGUEL AGUSTIN	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21078	HERNANDEZ RIVERA MIGUEL ALBERTO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21079	NUÑEZ HOLGUIN URIEL HORACIO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21080	MENDOZA CARLOS MIGUEL ALEJANDRO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21081	ALMUINA VAZQUEZ MIGUEL ALONSO	21 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21082	VALVERDE VALVERDE NAIM ALEJANDRO	37 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21083	REYES MENDEZ SERGIO	22 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21084	VILLA LOYA MIGUEL ANGEL	20 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21085	PEREZ MOLINA MIGUEL ANGEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21086	AVILA SAENZ SERGIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21087	SOTO SEGURA NORA ISABEL	46 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21088	MANQUERA MELKEN MIGUEL ANGEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21089	CARRILLO RINCON MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21090	PICHARDO CARDENAS MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21091	RUBIO BORJAS SERGIO ALBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21092	DURAN GOMEZ MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21093	RODRIGUEZ HERNANDEZ MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21094	MEZA TERRAZAS MIGUEL ANGEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21095	LLAMAS CRUZ ORLANDO	41 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21096	GONZALEZ PANDO SERGIO ALBERTO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21097	BOUCHAN CAZARES SERGIO ALEJANDRO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21098	DOMINGUEZ PRIETO SERGIO ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21099	CHAVIRA CANO MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21100	RAMIREZ URQUIZU MIGUEL ANGEL	21 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21101	AVILA RODRIGUEZ SERGIO ANTONIO	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21102	TALAMANTES MARTINEZ SERGIO ARIEL	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21103	ROACHO SOTELO MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21104	MERAZ MENDIAS MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21105	TORRES CARRASCO MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21106	MARTINEZ HERNANDEZ MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21107	ABUNDIS MEDINA MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21108	GOMEZ DE LA ROSA SERGIO EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21109	DELGADO MORALES SERGIO EDUARDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21110	RAMOS GAXIOLA MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21111	ROSALES RIVAS MIGUEL ANGEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21112	OLIVAS MENDEZ MIGUEL EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21113	MONTOYA GALVAN MIGUEL RAUL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21114	HERNANDEZ LOPEZ MILAGROS DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21115	CARDONA HERNANDEZ MILDRETH JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21116	ORTIZ LUJAN MILENY JACQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21117	AGUIRRE LUNA MINERVA ELENA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21118	FERNANDEZ CARRILLO MIRANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21119	PEDROZA JIMENEZ MIRANDA MARICRUZ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21120	LOPEZ ROBLES SERGIO FELIPE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21121	JAUREGUI MARQUEZ MIRIAM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21122	SOTO NAVARRO SERGIO ISAAC	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21123	SANDOVAL PORTILLO MIRIAM ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21124	GOMEZ NEVAREZ MIRIAM BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21125	SANCHEZ REYES SERGIO IVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21126	GRADO FAUDOA MARTIN	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21127	RINCON GONZALEZ MIGUEL ANGEL	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21128	SOTO VELAZQUEZ OMAR ALESSANDRO	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21129	FLORES ALVARADO FATIMA SOFIA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21130	CHAVEZ MARTINEZ DANIELA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21131	ORTEGA RODRIGUEZ RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21132	GONZALEZ HERNANDEZ GABRIELA	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21133	VARELA FAUDOA OMAR ELIER	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21134	MEDRANO HERNANDEZ RUBY ELENA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21135	SAENZ GUTIERREZ RAUL HIRAM	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21136	FLORES ESPARZA HECTOR GUILLERMO	17	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21137	MENDOZA ARRAS INGRID JARLYNE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21138	CANO RAMIREZ IRIDIAN	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21139	LOPEZ FRIAS SAUL IVAN	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21140	MARQUEZ ONTIVEROS SERGIO IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21141	BALDERAS NUÑEZ IRVING CARLOS	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21142	ANDUJO CAZARES JENNIFER ANGIE	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21143	CAMACHO PEREZ VICTORIA YOSELINNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21144	LOPEZ BARRAZA HANNIA DE JESUS	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21145	GONZALEZ TEJADA MELANIE VANESSA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21146	DOMINGUEZ BUSTAMANTE JESSICA BRIDGET	17	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21147	RIVAS CANO LUIS ECLESIASTES	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21148	MORENO PEREZ MIRIAM EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21149	SALAS HINOJOS MIRIAM JAQUELINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21150	RAMIREZ RAMOS MIRIAM KEIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21151	TORRESDEY CARDENAS MIRIAM SARAHÍ	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21152	SANCHEZ ALTAMIRANO MIRIAM SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21153	RIVERA HIDALGO MIRNA XITLALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21154	VALDEZ MONTAÑO SERGIO LEONEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21155	MARQUEZ PORRAS SERGIO NATHANAEL	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21156	PIZANO HERNANDEZ SERGIO OLU	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21157	VILLAGRAN LONGORIA MISAEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21158	VILLEGAS FUENTES MITZI ALEXANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21159	CID GARDEA IVAN GERARDO	19 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21160	ESTRADA ALVIDREZ ADRIAN EMMANUEL	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21161	TORRES SANCHEZ ADRIAN RICARDO	20 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21162	RODRIGUEZ TORRES ADRIANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21163	MINJAREZ DELGADO ADRIANA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21164	BAEZA BONILLA JESUS ALFONSO	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21165	VIEYRA RODRIGUEZ JOB LEONARDO	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21166	AGUIRRE CHAVEZ ANA SOFIA	19 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21167	LOERA MEDINA JONATHAN OSWALDO	18 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21168	LUGO RIVAS MITZI MADAY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21169	SANCHEZ GAMBOA REBECA	31 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21170	HERRERA PINEDA NALLELI	39 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21171	NIEBLA SAENZ SERGIO SAID	22 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21172	PADILLA GONZALEZ NANCY ALEJANDRA	37 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21173	ALDERETE HERNANDEZ MITZY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21174	MARTHA PIÑON SERGIO	36 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21175	GARCIA LOPEZ SALVADOR IRAM	27 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21176	ESTEVANE LUNA URIEL JESUS	23 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21177	MARTINEZ SANDATE NANCY GABRIELA	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21178	RAMIREZ FLORES MITZY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21179	SANDOVAL FLORES SHARON DARIANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21180	CARDENAS TREJO NORMA ELENA	48	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21181	ALDERETE ORTEGON SHARONN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21182	CERVANTES FLORES URIEL NOEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21183	MENDOZA ACEVES USIEL	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21184	SOLIS LINARES SANDRA JANETH	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21185	GRANADOS VILLALBA MITZY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21186	GUTIERREZ MOLINA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21187	SANCHEZ HERNANDEZ OSCAR OMAR	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21188	PEÑA CHAPARRO MITZY DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21189	MENDOZA PRIETO SAYID	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21190	MANTILLA PEREZ SHEILA GISELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21191	ORTIZ PEREZ MITZY JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21192	BAQUERA FLORES RUTH SELENE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21193	CAMARENA DEL HIERRO MITZY LIZBETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21194	HERNANDEZ DE LA ROSA VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21195	INCLAN DOMINGUEZ MITZY NAYELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21196	GARCIA QUEZADA SHEILA ITZEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21197	SIAS ESPINO SUSANA HAZEL	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21198	RODRIGUEZ FERNANDEZ MITZY SAMANTHA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21199	PEREZ ZAMARRON VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21200	CUEVAS DOMINGUEZ SHEILA KATHERINNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21201	SAENZ IBARRA SHELSEY FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21202	PORRAS MORALES MOISES	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21203	BELTRAN ALBINO MOISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21204	RODRIGUEZ GONZALEZ SEBASTIAN ANTONIO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21205	GUTIERREZ RODRIGUEZ SHEYLA PALOMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21206	AREVALO PEREZ MOISES ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21207	NEVAREZ PEREA SIDELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21208	SERRANO LARA SILVANA IVONNE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21209	ORTEGA SAENZ VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21210	MONTES MELENDEZ SILVESTRE ARMANDO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21211	UGALDE RAMIREZ SEMJASE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21212	GUERRA MILLAN MOISES FELIPE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21213	REGALADO DUARTE SUSANA SARAHÍ	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21214	HERNANDEZ ARROYO MOISES ITZMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21215	ROMERO ALCANTAR NANCY VYANNEY	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21216	ESPINOZA LOPEZ NORMA LETICIA	46	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21217	SOLIS GUERRERO SILVIA ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21218	DOMINGUEZ ESPINOZA MOISES IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21219	QUIÑÓNEZ PEREZ MONICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21220	CARAVEO SUAREZ REYES OMARO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21221	CORDOVA AGUIRRE MONICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21222	REVELES TIRADO SAID	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21223	HERNANDEZ ALVAREZ ORLANDO	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21224	CARDONA TERRAZAS PAMELA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21225	FERREIRO VALENZUELA SILVIA DANIELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21226	CALDERON ESTRADA MONICA ABRIL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21227	CASTRO CEJA MONICA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21228	CHAVEZ SILVA MONICA ARACELY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21229	ZABRE GUTIERREZ SALOMON DAVID	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21230	AGUIRRE CUPICH MONICA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21231	SANDOVAL DAVILA MONICA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21232	MUÑOZ TORRES MONICA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21233	CISNEROS GONZALEZ SILVIA GABRIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21234	VALOIS TORRES TANIA JACQUELIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21235	REYES RODRIGUEZ SARA AMAIRANI	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21236	AGUILAR LOPEZ MONICA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21237	ALVAREZ TARANGO SILVIA JANETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21238	RAMIREZ SERNA SILVIA JULISSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21239	BALBUENA GALVAN MONICA IVON	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21240	REYES RODARTE SAYRA ITZEL	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21241	DELGADO OLIVAS VALERIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21242	RODRIGUEZ ALAMILLO MONICA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21243	VILLALOBOS RODRIGUEZ MONICA TAISHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21244	ESPINOZA MONTANA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21245	DE LA FUENTE VANEGAS MONTSERRAT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21246	PIZARRO TREVIÑO MONTSERRAT	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21247	DOMINGUEZ DUQUE TANIA JAQUELINE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21248	FIERRO HOLGUIN MONTSERRAT GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21249	JUAREZ REDE SILVIA MARGARITA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21250	VALLES CARREON SILVIA NIRVANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21251	FLORES ESPARZA MONTSERRATH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21252	CHAVEZ COSS SARAHÍ	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21253	MURILLO CHACON VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21254	MACIAS ROMERO SAMUEL	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21255	BOLIVAR JACOBO NORMA ANGELICA	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21256	ARMENDARIZ AGUILAR SILVIA RAQUEL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21257	MENDOZA CHAVEZ NATALIE	37	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21258	MORENO CRUZ SILVIA YOANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21259	TREJO VELASCO MYRIAM CECILIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21260	MORENO ANCHONDO MYRNA DENISSE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21261	SAENZ FERNANDEZ MYRNA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21262	RODRIGUEZ CHAVARRIA NAARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21263	GUEVARA HERNANDEZ SINAHAI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21264	ACOSTA AYALA SINDY LORETO	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21265	HOLGUIN ORONA TANIA JUDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21266	NUÑEZ DOMINGUEZ NADIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21267	TORRES CHAVEZ NAIROBI NAHOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21268	ORTIZ JIMENEZ SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21269	MALDONADO MAGOS VALERIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21270	QUINTANA LOPEZ NALLELY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21271	MONTES MUÑOZ OSCAR ARMANDO	41 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21272	JIMENEZ SAENZ NALLELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21273	ARIAS FLORES NALLELY	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21274	CHAPARRO SANCHEZ RAUL ANTONIO	32 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21275	SAENZ CORDERO NALLELY GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21276	DURAN MARTINEZ PRICILIANO	53 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21277	ARANDA ROCHA SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21278	ESTRADA REYES NALLELY SARAHÍ	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21279	BARBOSA TORRES NANCY ABIGAIL	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21280	SALGADO MACIAS SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21281	OCON GALARZA NANCY ALEJANDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21282	GONZALEZ MENDOZA NANCY ALEJANDRA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21283	PEÑA RODRIGUEZ SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21284	VENZOR TELLO NANCY ARACELY	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21285	GUERRERO VICENTE SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21286	TORRES TORRES SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21287	SOTELO MIRELES OFELIA AZUCENA	33 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21288	DELGADO MORALES NANCY DAYANA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21289	VAZQUEZ LUJAN SERGIO	24 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21290	CARRILLO GOMEZ SEBASTIAN	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21291	PORTILLO MENDEZ VALERIA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21292	VALOIS TORRES SEBASTIAN ENRIQUE	26 M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21293	PALOMINO ROJAS SOFIA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21294	VAZQUEZ PORTILLO SOFIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21295	VALDEZ DE LA ROSA NANCY FERNANDA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21296	VALLES CARRILLO SOFIA ALESSANDRA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21297	MARISCAL GUAJARDO NANCY GABRIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21298	DERMA ZUBIA VALERIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21299	ALMANZA DE LOS SANTOS NANCY GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21300	GARCIA . SOFIA DANIELA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21301	FLORES RIVERA VALERIA AIDEE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21302	VILLARREAL ZARAGOZA VALERIA AMAIRANY	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21303	ESPINOZA LIMA NANCY GUADALUPE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21304	YAÑEZ AGUILAR TANIA LIZBETH	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21305	MARRUFO GUERRERO NANCY ITZEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21306	DE LA VEGA RANGEL SOFIA FERNANDA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21307	CASTRO ESCARCEGA NANCY IVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21308	ARROYO MURILLO NANCY LIZETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21309	SOTO BARRERA SAUL ISAI	28	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21310	REYES MONTANA RICARDO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21311	MEDINA ENRIQUEZ PEDRO ALBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21312	PARRA SALAZAR NANCY MARIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21313	ALTAMIRANO MARQUEZ NANCY PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21314	JUAREZ VALVERDE VALERIA BANELLY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21315	SANTILLANES CASTRO SOFIA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21316	LORENZANA BENCOMO NANCY VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21317	CARO CAZARES NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21318	CHAPARRO MONTES NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21319	REYNA RIOS OLGA LIDYA	47	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21320	PORTILLO BARRAZA VALERIA CITLALY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21321	BARRERA BACA NAOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21322	NAPOLES NEYRA NAYALIS	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21323	SIFUENTES LOPEZ ADRIANA ELIZABETH	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21324	ARMENDARIZ ORTEGA ADRIANA PATRICIA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21325	IRACHETA GARCES NAOMY ELIZABETH	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21326	VELIZ TALAMANTES NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21327	RIVERA CABELLO NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21328	VIGIL SIQUEIROS ANDREA XIMENA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21329	SEGOVIA LOPEZ NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21330	JASSO CHAVEZ TANIA TAMARA	24 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21331	HERNANDEZ VALDOVINOS NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21332	ZESATI TELLEZ NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21333	BELIO VALADES NATALIA	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21334	GRANILLO ESTRADA SOFIA GUADALUPE	22 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21335	AMBROSIO GONZALEZ NATALIA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21336	SAENZ AGUILAR NATALIA AIME	20 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21337	GUERRERO MARQUEZ NATALIA ANDREA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21338	ESPINOZA SIGALA ROBERTO CARLOS	31 M 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21339	ROACHO AMADOR NATALIA ANDREINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
21340	AYALA HERRERA NATALIA CAROLINA	21 F 30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21341	ESCOBEDO BAUTISTA RAFAEL	57	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21342	FRANCO TORRES NATALIA CECILIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21343	LUNA GARCIA NATALIA CELINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21344	ROCHA RODRIGUEZ NIDYA MELINA	40	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21345	MONTAÑEZ PRIETO NATALIA DE JESUS	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21346	MAGOS ACEVEDO SOFIA ILEANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21347	MURGUIA MORENO NATALIA LARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21348	AGUILERA MUÑOZ NATALIA YARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21349	FUENTES PARADA SOFIA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21350	BARRON FLORES VALERIA ELISET	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21351	CORTEZ RAMOS VALERIA FERNANDA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21352	PIÑA DE LA ROSA NATHALY IXMOCANE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21353	AGUILAR CISNEROS NATHALY WITHNEY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21354	BORUNDA PORTILLO NATHAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21355	LOPEZ PORTILLO OSWALDO VIRGILIO	45	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21356	SILVA TERRAZAS AENDER MAXIMILIANO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
21357	TOBON RUBIO NAYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21358	ILLERA MENDIAZ SOFIA MONTSERRAT	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21359	LOPEZ MONREAL SOFIA RENATA	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21360	RUELAS RODRIGUEZ SOFIA YARELY	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21361	ARROYO SALAS VALERIA ISELA	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21362	MONREAL SALMON SOFIA YOLANDA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21363	GRADO RODRIGUEZ SOLEDAD	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21364	DOMINGUEZ PALOMINO NAYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21365	GUZMAN LOPEZ SONIA	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21366	CORRAL ORTIZ NAYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21367	RODRIGUEZ CAMACHO SONIA YAMILE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21368	PACHECO CORTEZ SELINA LORENA	26 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21369	VALENZUELA AGUILAR NAYELI	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21370	REGINO MURGA NAYELI ALONDRA	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21371	CASTILLO LUNA NAYELI AMINADAB	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21372	DELGADO LUJAN VALERIA IVETTE	23 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21373	ESCOBEDO CARDENAS NAYELI JAQUELINE	21 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21374	MEDRANO JUAREZ SONIA YRENE	22 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
21375	ANCHONDO GONZALEZ NAYELI SARAHÍ	20 F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21376	JAUREGUI BENCOMO NAYELY PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21377	LLANAS MUÑOZ SONNY ANDRE	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21378	MARQUEZ RODRIGUEZ NAYLA ROMINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21379	TORRES VARGAS NAYREE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21380	LEDEZMA DOZAL ROCIO BETSABE	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21381	ESCOBAR HERNANDEZ CARDENAS VALERIA JIMMENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21382	DUARTE ZUÑIGA NELLY JOSELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21383	QUEZADA OLIVAS VALERIA MANUELA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21384	REYES FIERRO NESTOR ALONSO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21385	ONTIVEROS CAMARILLO STEFANNY JAZMELY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21386	RUIZ VALLES NESTOR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21387	MEDINA ACOSTA JAYSEL ARTURC	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21388	BAUTISTA MOMACA NEYDI CITLALLI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21389	SALAZAR MUÑIZ SERGIO ALAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21390	BUSTAMANTE YAPUR TERESA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21391	DELGADO VAZQUEZ NEYVI DAYANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21392	SANDOVAL URIAS NICANOR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21393	CHAVIRA HERNANDEZ SELENE	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21394	SANCHEZ GARCIA VALERIA MARIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS
Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21395	AGUIRRE LEYVA STEFFANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21396	TALAVERA AVITIA NICOL CITLALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21397	JUAREZ TERRAZAS NICOLAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21398	RIVERA PIZARRO STEFFY BERENICE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21399	CARDENAS PAROLARI STEPHANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21400	MELENDEZ OCHOA SERGIO ALONSO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21401	CORRAL FERNANDEZ SILVIA PAMELA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21402	GAMEROS GUTIERREZ STEPHANIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21403	AGUILAR ALLENDE STEPHANIE ALEJANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21404	RODRIGUEZ NAVA SERGIO ARMANDO	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21405	BERNAL MONTAÑO MARCO ANTONIO	64	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21406	HOLGUIN BARRAZA STEPHANY JAHAIRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21407	RAMIREZ MARTINEZ STEPHANY YALOANI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21408	PIÑON HERNANDEZ NICOLAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21409	SALAZAR GONZALEZ NICOLE ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21410	FERNANDEZ RUBIO NICOLE ANDREA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21411	LUJAN HERNANDEZ VALERIA NICOLE	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21412	CHAVIRA GRANILLO VALERIE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21413	MARTINEZ ORTIZ ELIZABETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21414	LAFON ALVAREZ SERGIO ANDRES	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21415	BAEZA GALINDO SERGIO ANDRES	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21416	RODRIGUEZ ESPERANZA SINDY YEINN	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21417	DELGADO RUEDA VANESA ANAHI	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21418	LOPEZ SALAS VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21419	PEREZ GONZALEZ VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21420	MOLINAR TORRES NICOLE ESTEFANIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21421	FIGUEROA ACOSTA NICTE PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21422	LOPEZ TRUJILLO PABEL AMILCAR	41	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21423	LERMA AMARO NILDA CAROLINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21424	SOTELO VALDEZ NILSA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21425	ZAMBRANO RAMOS THELMA JULISSA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21426	AVILA OLIVER NITZHA ARELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21427	LOZOYA CARRASCO NIZA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21428	NEVARES DANIEL STEVAN	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21429	MAYNEZ RIVERA NOE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21430	VALADEZ SOTO SUGEY YESENIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21431	VARGAS ROMERO NOE ALEJANDRO	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21432	MARTINEZ RUIZ SUSAN	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21433	PEREZ RUBIO SUSANA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21434	RODRIGUEZ CASTILLO SUSANA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21435	HERNANDEZ AQUINO NORA LILLIAN GUADALUPE	39	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21436	ROSALES REYES SUSET DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21437	GOMEZ CARAVEO SYLVIA STEPHANIE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21438	CARO SILVA NOEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21439	MORALES NAVARRETE TAMARA STEFANY	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21440	BAÑUELAS GARCIA NOEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21441	GUTIERREZ CERA NOEL ADRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21442	GONZALEZ FIGUEROA NOEL GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21443	SOTO CORREA NOELIA ALEXANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21444	DELGADO PEÑA TANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21445	RUIZ ALLANDE NOEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21446	ALVAREZ RAMOS NOEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21447	GONZALEZ RAMOS NOHEMI VANESSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21448	HINOJOS RODRIGUEZ NORA DANIELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21449	MENDEZ SOLIS TOMAS	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21450	LAGUNAS CRUZ RAFAEL	52	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21451	TENA ACOSTA TOMAS EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21452	SALAS MENDEZ NORA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21453	GARCIA MARTINEZ NORMA ANGELICA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21454	FIGUEROA OLIVAS TANIA ALEXANDRA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21455	JAQUEZ LOPEZ ULISES	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21456	NUÑEZ MURO URIAS SALOOM	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21457	AGUILAR BURROLA NORMA FERNANDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21458	SANCHEZ CASTRO TANIA ARELI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21459	NUÑEZ CHACON NORMA IVETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21460	PUENTE BERNAL SOFIA ALEJANDRA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21461	RODRIGUEZ GAMEZ NORMA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21462	HOLGUIN CARRISOZA NORMA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21463	PEREZ GOMEZ TANIA BELEM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21464	ESTRADA PEÑA NORMA LUCIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21465	SANCHEZ MEDINA NORMA PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21466	HERNANDEZ MACIAS VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21467	JUAREZ GONZALEZ VANESSA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21468	DE LAS CASAS AGUIRRE NORMA XIMENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21469	CHIU TAGLE SERGIO ARMANDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21470	TORRES ARVIZO ARANZA JAZEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21471	VENZOR HERNANDEZ NORMAN RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21472	MORALES ROMO DE VIVAR NORMANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21473	GUTIERREZ GARCIA NUBIA ALICIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21474	VALENZUELA GOMEZ TANIA ESTEFANIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21475	MUÑOZ TORRES URIEL ALFONSO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21476	MEZA MANCHA NUBIA ESMERALDA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21477	PEREZ BARRAZA SERGIO EDUARDO	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21478	SOTERO PIÑON NUBIA ESTEFANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21479	GARDEA SALAS NUBIA IDALY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21480	PORRAS GUTIERREZ SERGIO CAIN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21481	AGUIRRE BANDA URIEL IVAN	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21482	RODRIGUEZ FLORES OBED JOSUE	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21483	ALTAMIRANO MARQUEZ VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21484	QUIÑONES RAMIREZ SERGIO EDUARDO	24	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21485	TORRES FERNANDEZ TANIA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21486	GONZALEZ TERAN TANIA JOSEFINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21487	AGUIRRE HINOJOS TANIA MARIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21488	MARTINEZ GONZALEZ TANIA NAYELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21489	LAZO MANCINAS VANESSA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21490	AGUILAR ENRIQUEZ VANESSA AILYN	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21491	GUILLEN ZARATE OBED RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21492	ENRIQUEZ ARAGON ODALYS	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21493	PEREZ SANCHEZ TANIA PAMELA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21494	MONTES MENDOZA ODALYS YLENARA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21495	GAMEZ RODRIGUEZ ROBERTO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21496	CHAPARRO . ODELETTE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21497	GARCIA MIMBELA OLGA ELIZABETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21498	OROZCO GUTIERREZ SERGIO GIOVANNY	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21499	DOMINGUEZ BACA OLGA VANESSA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21500	VEGA MONTOYA TANNIA JANETH	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21501	GARCIA VENEGAS OLIVER	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21502	CORRAL RODRIGUEZ SERGIO JOSE	26	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21503	GONZALEZ VENEGAS VANESSA EDITH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21504	ALVAREZ DOMINGUEZ OLIVER ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21505	GARCIA SAENZ OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21506	ARZOLA BARRAZA TANYA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21507	CARREON CARRAZCO OMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21508	CARMONA GONZALEZ PAMELA JULIANA	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21509	SANTANA CONSTANTINO VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21510	GUERRA MAJALCA OMAR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21511	CHAVEZ BARBOSA OMAR ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21512	TINAJERO DIAZ OMAR ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21513	CHAVEZ MELENDEZ OMAR ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21514	SALINAS SIFUENTES VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21515	GARCIA FLORES VANESSA ITZEL	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21516	JARAMILLO MALDONADO OMAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21517	VIEYRA ACUÑA TERESA GUADALUPE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21518	MORENO VALLES SARA MARISOL	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21519	PEREZ CHAVEZ THANIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21520	MOTA DUARTE PAOLA JOSEFINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21521	DAVILA VILLALOBOS VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21522	OROPEZA GARCIA OMAR ALEXIS	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21523	CASTILLO GARCIA SARAI	27	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21524	MORA BACA VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21525	MOLINAR CHAPARRO VANESSA MELINA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21526	SANTILLANES LOYA VANIA YAREL	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21527	RAMIREZ MONTOYA VANNIA SOFIA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21528	BAEZA VERA SEBASTIAN ALEJANDRO	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21529	GALLEGOS LOPEZ OMAR ALFONSO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21530	ROMERO NEVAREZ OMAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21531	LECHUGA VELADOR THAYSETT	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21532	SALINAS LEON SOFIA RAQUEL	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21533	IRACHETA ARELLANO SERGIO IVAN	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21534	MORALES GUTIERREZ OMAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21535	AVILA ESTRADA TIFANNY ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21536	AVILEZ GUTIERREZ TOMAS EMILIO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21537	ORTIZ CARRILLO VELIA ELENA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21538	ROBLES DE LA ROSA OMAR RICARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21539	VARGAS VALENZUELA VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21540	GUTIERREZ OROZCO OMAR YAHIR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21541	RODRIGUEZ ROBLEDO ULISES	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21542	TORRES GUTIERREZ RAFAELA	53	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21543	TERRAZAS LUEVANO AHIAN ISMAEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21544	VILLARREAL VALENZUELA OMATZIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21545	ROCHA BUENO ORLANDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21546	ACEVEDO MARTINEZ SERGIO CHRISTIAN	27	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21547	GONZALEZ SIAS URIEL OCTAVIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21548	RADILLA CHABLE ORLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21549	GONZALEZ JIMENEZ URIEL OMAR	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21550	LEON VELAZQUEZ VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21551	TREJO HINOJOS VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21552	SALDIVAR TERRAZAS ORLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21553	MONCADA RIVERA ORLANDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21554	BUSTILLOS PONCE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21555	CHAPARRO MOLINA OSCAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21556	LECHUGA ENRIQUEZ SERGIO LUIS	25	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21557	LOYA ORTEGA PATRICIA RAQUEL	35	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21558	ARELLANES REYES VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21559	MARES NAJERA OSCAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21560	DE LA O PACHECO VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21561	VITOLAS PEREZ OSCAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21562	LUJAN LIMONES SARAHÍ	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21563	DOMINGUEZ RODRIGUEZ SAUL	29	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21564	DOMINGUEZ CARRILLO VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21565	GONZALEZ GARCIA OSCAR ADRIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21566	BEDOY AGUILAR OSCAR ALAIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21567	RAMIREZ SANDOVAL OSCAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21568	VENEGAS ACOSTA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21569	RUIZ LUNA VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21570	MANCINAS MORENO OSCAR AXEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21571	VILLALOBOS DAUMAS SOFIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21572	BEJAR REYES OSCAR DANIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21573	GIL SUAREZ VERONICA	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21574	PEREZ ULLOA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21575	CARNERO MARTINEZ VALERIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21576	CARRAZCO AGUIRRE VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21577	ROJAS TREJO OSCAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21578	ARAGON LINARES OSCAR FERNANDO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21579	PIÑON DOMINGUEZ VERONICA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21580	QUINTANA GONZALEZ OSCAR EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21581	SANTOS MONTION VERONICA LIZETH	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21582	BUSTILLOS REYES VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21583	MORENO ENRIQUEZ PIRELLI DE JESUS	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21584	MADRID URUETA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21585	VALENZUELA MARQUEZ STEPHANIA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21586	CHAVEZ HERNANDEZ PAUL ADRIAN	42	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21587	CHAVEZ DE LA RIVA OSCAR EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21588	VAZQUEZ ORTEGA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21589	JOYA RODRIGUEZ OSCAR FRANCISCO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21590	CHACON CORONEL VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21591	ANAYA VAZQUEZ OSCAR GERARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21592	ESQUIVEL LOPEZ VIANEY ARELY	23	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21593	NESBITT GONZALEZ VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21594	CAMARGO GARCIA OSCAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21595	LOPEZ GONZALEZ OSCAR IVAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21596	GUERRERO CAMPOS OSCAR ROBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21597	ROSAS GARCIA OSEAS BENJAMIN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21598	PADILLA ORTIZ VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21599	RIOS ARENIVAR OSCAR	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21600	CHACON GARCIA OSMAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21601	PEREZ HERNANDEZ VICENTE ARIMAHY	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21602	POLANCO YU SUHEI	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21603	AGUIRRE MENDEZ VALERIA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21604	SAMANIEGO ANTUNA VALERIA ALEJANDRA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21605	MONTOYA CARRASCO OSMAR ELIAS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21606	URIAS FLORES OSMAR ISAY	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21607	GOMEZ HERNANDEZ OSWALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21608	HIDALGO TORRES VICENTE FRANCISCO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21609	VALENZUELA ORTIZ VALERIA ALEXA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21610	MORALES MORENO VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21611	FIERRO CORDOVA OSWALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21612	OCON HERRERA OSWALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21613	ORTIZ IBARRA OSWALDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21614	CHAVEZ LOZANO VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21615	BERNAL MIRANDA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21616	SOTO DIAZ VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21617	PLASCENCIA QUEZADA OTHONIEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21618	DELGADO SEPULVEDA OTOMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21619	CHAPARRO . OTONIEL JACOB	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21620	GARCIA BEJAR OWEN ALAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21621	RODRIGUEZ POSADA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21622	CAMPOS GARCIA OYUKI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21623	MARTINEZ LEON OYUKY ZARAHY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21624	MONTOYA PEREZ OTONIEL	47	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21625	LECHUGA SARMIENTO VALERIA ANAHI	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21626	PARRILLA FERRALES VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21627	VALDEZ GARZA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21628	TORRES ANAYA PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21629	ACOSTA MANZANO SOFIA GUADALUPE	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21630	CENICEROS MUÑOZ RAFAEL	35	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21631	REYNOSO DERMA PABLO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21632	MARTINEZ VERA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21633	MORENO . VALERIA AYLIN	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21634	CENICEROS HERRERA VALERIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21635	BALDERAS GARCIA VALERIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21636	ORDOÑEZ RODRIGUEZ PABLO ALBERTO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21637	CAMPOYA RODRIGUEZ PABLO ALEJANDRO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21638	FLORES SANCHEZ PABLO ANTONIO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21639	LIMAS MARTINEZ SYLVIA JUDITH	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21640	UGARTE MONROY PABLO ANWAR	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21641	VENZOR ARAGON PATRICIA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21642	LOYA GOMEZ VALERIA ANDREA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21643	GUADERRAMA TERRAZAS VALERIA ARELI	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21644	BUSTILLOS NUÑEZ VALERIA GUADALUPE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia			Coberturas y sumas aseguradas			
				Día	Mes	Año	Seguro	Accidentes	Enfermedades	Salud
21645	ESCUADERO ROMERO PABLO BRIAN	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21646	BARRON HERNANDEZ PABLO EDUARDO	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21647	HERNANDEZ PAEZ PABLO EMMANUEL	21	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21648	VILLALOBOS ROJO VALERIA IBETH	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21649	OLIVAS CHAVEZ RAMON ALFONSO	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21650	SOTO FRIAS PALOMA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21651	ARMENTA CORDOVA VICTOR	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21652	GUTIERREZ MUÑOZ PALOMA ANGELINA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21653	ACUÑA AGUIRRE PALOMA BELEM	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21654	GOMEZ PARRA VALERIA ISABEL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21655	PORTILLO MELENDEZ VALERIA ISAMAR	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21656	QUINTERO CHACON MONSERRAT	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21657	JUAREZ MEDRANO PALOMA IDALY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21658	LOPEZ MELENDEZ PALOMA JOCELYN	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21659	OROZCO FRESCAS SOFIA JANETH	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21660	CHAVEZ GARCIA PALOMA MICHELL	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21661	RASCON CAZARES STEPHANIE	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21662	MOYA AGUILAR TANIA CRISTINA	28	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21663	ACEVES ALMEIDA RAUL ROBERTO	31	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21664	GONZALEZ MIRAMONTES ROCIO ALEJANDRA	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21665	MUÑOZ CANO SONIA	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21666	SOLIS GONZALEZ SERGIO ADRIAN	36	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21667	CANO ESTRADA RAMON FABIAN	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21668	LOZANO RASCON MANUEL ANTONIO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21669	SILVA BLANCO PATRICIA	45	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21670	GARDEA GARCIA AISLINN NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21671	GRIJALVA BOTELLO JOSE ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21672	LUJAN AGAPISCO AISLYN CAMILA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21673	AGUIRRE TARANGO KARINA ANDREA	18	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21674	LUJAN AGUIRRE RAMON SAUL	39	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21675	HERNANDEZ GRANADOS PEDRO ANTONIO	43	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21676	PAREDES OLIVAS AISLYNN DAHENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21677	MOLINA VASQUEZ LESLY DENISE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21678	LARRAZOLO LOPEZ CONCEPCION	60	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21679	VARGAS PEREZ RAMONA ALONDRA	38	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21680	ROCHA ORTEGA PAMELA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21681	JIMENEZ ARRIETA PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21682	CASTRO SILVEYRA RENEE DANIELA	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21683	BERNAL CANO AXEL RENE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21684	ZUBIRAN MARQUEZ ROXANA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21685	LOPEZ SOTO RODOLFO CALEB	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21686	RODRIGUEZ CHAVIRA PAULINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21687	ESTRADA PICHARDO RAUL	38	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21688	ALCALA MOTA DAVID ALBERTO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21689	BALCORTA RAMOS MARTIN	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21690	CHAVARRIA RIVERA YEZMIN ADRIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21691	HERNANDEZ AGUAYO JOSE DANIEL	18	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21692	SALAS MEDINA RUTH	31	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21693	URIBE SANDOVAL PAULINA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21694	PADILLA CARREON TANIA CRISTINA	26	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21695	MOSCOSA TREJO RICARDO	32	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21696	TORRES BUSTILLOS TANIA KARELY	25	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21697	ONTIVEROS MARQUEZ PERLA ALEJANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21698	CARAVEO ROJAS STEPHANIE MAGALY	29	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21699	TORRES HERMOSILLO ROCIO	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21700	ALVIDREZ RENTERIA ROCIO ELIZABETH	32	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21701	ARREOLA PONCE RAUL	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21702	PRIETO MARISCAL SANDRA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21703	LOPEZ GONZALEZ ROGELIO	33	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21704	TORRES GONZALEZ RAUL GUADALUPE	30	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21705	LEOS CONTRERAS MONTSERRAT	34	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21706	MIRELES TERRAZAS NANCY GUADALUPE	33	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21707	GUERRERO LUCIO NOE	34	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21708	PONCE MANCINAS DIANA PAULINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21709	FERNANDEZ MURO ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21710	GARCIA AGUNDIS ALAN EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21711	ACOSTA HIDALGO ALAN GERARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21712	GOMEZ HEREDIA ANNETH MABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21713	OLIVERA AZCONA ANA CARMEN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21714	DELGADO REYES ALAN MOISES	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21715	CHAVERO ARROYO ALAN RICARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21716	SCHULTZ GONZALEZ ALDAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21717	OLMEDO SOTO PAMELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21718	VERDUGO VALERIO ALDAIR	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21719	ESPINOZA CABALLERO ALDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21720	CHACON RODRIGUEZ DANNA ISABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21721	ANAYA BORUNDA VALERIA JAQUELINE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21722	FLORES BARRON ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21723	GUTIERREZ GOMEZ PAMELA ALEJANDRA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21724	MARTINEZ ORNELAS ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21725	SALAZAR MARTINEZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21726	RIVERO OGAZ VICTOR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21727	BAEZA HERNANDEZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21728	ROMAN GARCIA ALEXA JACQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21729	ORTIZ CARBAJAL PAMELA ALINE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21730	LOPEZ ZAPATA VICTOR ALEJANDRO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21731	MIRANDA SAENZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21732	OLIVAS FRESCAS SAMUEL AHARON	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21733	BUSTILLOS CARAVEO ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21734	RUFINO MAYO PERLA JANETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21735	BOTELLO DIAZ RICARDO ZURIEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21736	GONZALEZ PEREGRINO DANIELA DANAHY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21737	PEDROZA TOVAR ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21738	ESPINOZA GARDEA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21739	RIVERO MATA PEDRO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21740	ALEGRIA VARGAS AYLIN	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21741	DOMINGUEZ PEINADO ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21742	LEYVA HOLGUIN JUAN ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21743	ORDOÑEZ DOMINGUEZ ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21744	ALVAREZ GRANADOS LIZBETH YAMELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21745	HERNANDEZ VALENZUELA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21746	RAMIREZ TREVIZO DIEGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21747	SANTILLAN LUNA PAMELA IVONNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21748	LUJAN CASTAÑON SASHEDY ALEXANDRA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21749	ACOSTA DEL ANGEL ALEJANDRA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21750	PORTILLO VILLANUEVA ALEJANDRA ELVIRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21751	ACEVEDO DOMINGUEZ SONIA ESTEFANIA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21752	SANTILLAN SUBIAS ALEJANDRA JANETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21753	MEDINA ROMERO ALEJANDRA SARAHÍ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21754	GUTIERREZ CHAVIRA ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21755	MARTINEZ GUERRERO YESSENIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21756	HIDALGO ROMANO PAMELA JACQUELYNE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21757	DELGADO VALENCIA SILEM	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21758	IBARRA ESPARZA KATHERINE ELENA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21759	MORALES VALENZUELA EDSON DAVID	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21760	PEREZ CARBALLO ABDIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21761	GONZALEZ DE LA ROSA PAMELA JIBRANY	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21762	CAMPOS PEREYRA LESLIE MICHELLE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21763	HERNANDEZ BLANCO ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21764	LOPEZ VALDEZ ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21765	SANCHEZ LUJAN ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21766	GALLEGOS SALAZAR ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21767	DOMINGUEZ RUIZ ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21768	JACQUEZ MOLINA KATHERINE	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21769	CARMONA TORRES ANALLELY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21770	SOLIS GARCIA ALEJANDRO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21771	ARMENDARIZ DUARTE AYLIN ARELY	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21772	AGUILAR PORTILLO ALEXA FERNANDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21773	OCHOA PONCE VALERIA JOANNA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21774	LEYVA CHAVEZ ITHARY MARIZOL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21775	SIFUENTES GARCIA ALEXA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21776	HERRERA SAENZ AZALIA YAMILETH	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21777	GRADO VARGAS ALEXA GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21778	YAÑEZ LOPEZ ALEXA MARISSA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21779	RODRIGUEZ MADRID ALEXANDRA TERESA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21780	LOPEZ MUELA DIANA CAROLINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21781	MENDOZA PIÑON ALEXIS	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21782	CAMPOS DOMINGUEZ PAMELA NOHEMI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21783	AGUILERA SALAIS JULIETA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21784	GUILLEN OROZCO ANDREA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21785	GARCIA GARCIA SEBASTIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21786	CALZADILLAS VILLALOBOS ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21787	AGUIRRE MEDRANO NATALIA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21788	TRISTAN YEPIZ ERIC RUBEN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21789	RUIZ SUAREZ NAHOMY ITZEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21790	TENA MENDEZ ESMERALDA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21791	TERRAZAS CORTE SOFIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21792	MORENO SOTO ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21793	AGUILAR OCHOA DANNA KRISTAL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21794	VILLALOBOS MOLINA ELIANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21795	LOPEZ CARRASCO JUDITH FABIOLA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21796	BARBA CASTRO VALERY ANDREA	24	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21797	CHAVEZ LIMAS PAMELA SARAHI	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21798	ACOSTA OSORNIO ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21799	FLORES RIOS GABRIELA ELIZABETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21800	DUARTE PEREZ PAMELA SOFIA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21801	GUTIERREZ ROCHA ANNA LUISA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21802	HERRERA MIRANDA ALFREDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21803	VARGAS BUSTILLOS ALINA ALEJANDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21804	JUAREZ SOSA CARLOS EDUARDO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21805	LAZCANO ORTIZ KEVIN DANIEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21806	CANO ANDUJO KARINA	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21807	VALDEZ ARCEA ALIRIS ARIADNA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21808	QUINTANA DUARTE ANDRIK DEMIAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21809	NAVA AGUIRRE PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21810	HERRERA MORENO CELESTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21811	ALMAZAN LUNA DAYANA EDITH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21812	SAENZ MEDINA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21813	ORTIZ MERAZ JOSE ANGEL	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21814	MORONES DEL RIVERO PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21815	SORIA GARCIA KEVIN SANTIAGO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21816	HERNANDEZ VARELA VERONICA ESTEFANIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21817	RIOS SAENZ VALERIA MICHELLE	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21818	CARRILLO GRANADOS ALISON YAIL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21819	FLORES GOMEZ ALONDRA DANAÉ	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21820	ACOSTA LUCERO ALLISON	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21821	RAMIREZ AGUILAR ALMA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21822	FLORES HOLGUIN ADOLFO	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21823	CHAVEZ ORNELAS ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21824	RODRIGUEZ TORRES PAOLA CRISTINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21825	ARMENDARIZ AVITIA ARLET	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21826	MARTINEZ PALACIOS TANIA ISABEL	19	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21827	DELGADO IBARRA VICTOR MANUEL	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21828	FUENTES MANQUERO ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21829	MARTINEZ ROCHA ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21830	ESTRADA LOYA ALONDRA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21831	TORRES GARCIA REBECA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21832	MARTINEZ SOLANO JUDITH MABEL	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21833	FLORES MUÑOZ ALONDRA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21834	ARZAGA HERNANDEZ EVELYN NAYELI	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21835	RODRIGUEZ ESCUDERO PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21836	ROLDAN RUIZ GABRIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21837	HERNANDEZ LOPEZ ALONDRA IVONNE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21838	RAMIREZ MENDEZ PAOLA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21839	RODRIGUEZ TORRES ALONDRA JAQUELINE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21840	CANO BOTELLO ALONDRA KARIME	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21841	CARREON SANCHEZ ALONDRA LUCIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21842	QUEZADA CARMONA NALLELY GUADALUPE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21843	VALDEZ CHAVEZ KARLA IVETTE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21844	REALVAZQUEZ SALAS PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21845	HERNANDEZ CARDENAS ALONDRA PATRICIA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21846	LEM ESPINOZA ALPHA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21847	LABRADO GARCIA ALVARO ALAN	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21848	ALDAPE FUANTOS JORGE ALBERTO	20	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21849	UGARTE RUIZ AMAIRANI SCKARLET	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21850	CUEVAS VILLANUEVA BRYAN NOE	19	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21851	HOLGUIN SOTELO VICTOR ALFONSO	23	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21852	VAZQUEZ BARRIGA PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21853	ESTRADA . PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21854	HIDALGO PARRA AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21855	HERNANDEZ SERNA AMERICA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21856	MEDRANO NUÑEZ PAOLA	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21857	RAMIREZ AMADOR VALERIA PATRICIA	22	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21858	GARCIA GUERRA AMERICA DANIELA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21859	CHACON OROZCO VICTOR ALFONSO	22	M	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21860	SALAZAR NUEVO AMERICA JAEDERENY	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21861	RODRIGUEZ TERRAZAS AMERICA JOHANA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21862	PEREZ IBARRA AMERICA KARINA	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21863	VARELA GUTIERREZ SARALEE	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21864	LOPEZ MENDOZA AMERICA LIZETH	20	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21865	DE LA CRUZ GALLARDO PAOLA AIDEE	21	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21866	NUÑEZ CHAVEZ REYNA ERENDIDA	30	F	30/09/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21867	RODRIGUEZ GARCIA MIRIAM ALONDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21868	MENDOZA URIAS GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21869	MACIAS FERNANDEZ FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21870	MENDOZA LOPEZ SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21871	PEINADO VARGAS CLAUDIA IRENE	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21872	HERNANDEZ VILLALOBOS ADRIANA VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21873	OTERO ZAMORA CLARA MARIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21874	DIAZ LOPEZ CHARBEL ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21875	FONG VARELA RUBEN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21876	SANCHEZ ORTEGA NAVEL MARCELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21877	RAMOS FLORES ALEXIA ESMERALDA	16	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21878	LOPEZ BERZOZA ALEJANDRO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21879	FUENTES TERRAZAS JOEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21880	LOPEZ FRANCO VIANNEY ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21881	OROZCO ALVAREZ SAUL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21882	DELGADO RODRIGUEZ KEVIN SAMUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21883	HERNANDEZ GOMEZ EMILIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21884	DURAN CONTRERAS ARACELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21885	PACHECO PARADA CARLOS ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21886	ARAGON PEREZ KEVIN FABIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21887	RODRIGUEZ JAVALERA DANIELA YULEIMA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21888	MUÑOZ ORTIZ LUIS OCTAVIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21889	AYALA YAÑEZ OSCAR EMMANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21890	TEJEDA MADRID JIMENA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21891	PORTILLO HERRERA GISELLE ALEXIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21892	VILLA PEÑA DAVID	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21893	GONZALEZ LIMAS IRVIN JARED	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21894	FIGUEROA GARCIA SEKEL MASHAL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21895	MORENO HERMOSILLO MARTIN GUSTAVO	57	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21896	MOTA VILLA XIMENA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21897	CORRAL ORTEGA CLAUDIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21898	RODRIGUEZ BECERRA JESUS ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21899	NIETO CARTA LAURA LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21900	ESPINOZA ARMENTA CAREN GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21901	MENDOZA GARCIA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21902	ARZOLA ALVARADO LUIS GUILLERMO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21903	CHAVOYA ALTAMIRANO MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21904	MORALES GUTIERREZ MARIANA LORENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21905	SANCHEZ GARCIA ANDREA ESMERALDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21906	ARMENDARIZ ORTEGA ANA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21907	FLORES MARTINEZ JARED	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21908	RODRIGUEZ QUEZADA PAOLA LIZBETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21909	GUEVARA VILLA DANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21910	CARMONA RUBIO BRENDA VIRIDIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21911	MUÑOZ TARANGO YADIRA YAJAIRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21912	GARDEA PIÑON MARIA TERESA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21913	CARRILLO VALDEZ MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21914	IBARRA TREJO VIANEY STEPHANY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21915	SOTO BARRIOS LUZ NAYELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21916	CAMPOS PORRAS ANA EVELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21917	GONZALEZ ESPINOZA MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21918	GUTIERREZ ACEVEDO HUGO IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21919	ARAGON GUTIERREZ EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21920	CERECERES VALDEZ PERLA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21921	GIL SAENZ SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21922	YOUNG GARCIA ANA PAULA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21923	CASTILLO ALVARADO FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21924	MUÑIZ LEAL RAUL ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21925	RIVERA RUIZ ADAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21926	RODRIGUEZ VALERIO LUIS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21927	JIMENEZ HERNANDEZ YESENIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21928	GUTIERREZ VAZQUEZ MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21929	CALDERON LEYVA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21930	AGUILAR SOSA MICHELLE ANETTE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21931	GONZALEZ GOMEZ ISELA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21932	MORA PEREZ BRAYAN OSVALDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21933	ORTIZ ARROYO SERGIO ALFREDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21934	VAZQUEZ SAENZ MIRIAM NATALIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21935	HERNANDEZ CARDOZA LAURA YAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21936	TORRES ESCOBAR ADOLFO ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21937	MONTAÑEZ HERNANDEZ ERICK	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21938	CRUZ CRUZ YOLIVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21939	FRANCO SOTELO AMANDA YARELI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21940	MUELA DE LA O CARLOS IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21941	SANTOYO AGUIRRE JORGE ABDIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21942	MARTINEZ ALFARO ANA VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21943	GRIJALVA ANAYA ANA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21944	MARQUEZ GUERRERO LUISA CAROLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21945	DEMAY OCHOA CRISTIAN DIMITRI	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21946	VARGAS VILLEGAS MEFI DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21947	ROMERO AGUILAR NANCY PAOLA	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21948	TELLEZ FLORES KARLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21949	ESTRADA MARQUEZ JORGE SAUL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21950	GARCIA RODRIGUEZ JOHANA MAGALI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21951	MORALES PEREZ ARES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21952	CARAVEO ERIVES ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21953	RAMIREZ JIMENEZ RAFAEL	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21954	NAVARRETE PEREZ AXEL JOSUE	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21955	RODRIGUEZ HERNANDEZ KEVIN GUILLERMO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21956	CHAVIRA ZEPEDA SAMANTHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21957	TERRAZAS CERVANTES XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21958	PEREZ PALACIOS INGRID VALERIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21959	AVILA RUBIO FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21960	MOLINAR PORTILLO LUIS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21961	RICO AGUIRRE NAYELI PRISCILLA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21962	PAULIN MORENO LAIZA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21963	TARIN MONTES JUAN CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21964	GARDEA HERNANDEZ ESTEBAN TADEO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21965	DEOLARTE RODRIGUEZ ASHLEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21966	ORRANTIA CHAPARRO RENE AXEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
21967	PALAFX PORTILLO ASHLEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21968	MALDONADO GOMEZ YESSICA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21969	CORRAL HERNANDEZ RUTH YESENIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21970	MORALES BEJAR YESEL ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21971	GUARDIOLA PALMA KEVIN JOSUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21972	VILLARREAL . PAUL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21973	RUIZ LARA AMERICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21974	QUEZADA TRUJILLO PRISCILA KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21975	PORTILLO NUÑEZ JAVIER AGUSTIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21976	BERMUDEZ LEDEZMA MARIA BELINNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21977	MACIAS BORUNDA BRYAN JESUS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21978	DOZAL DIAZ DARINNEL ADAN	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21979	CARAVEO SANCHEZ NAYLE KASANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21980	BELTRAN GONZALEZ FRANCISCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21981	MORENO ONOFRE VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21982	PACHECO BARRIOS KEVIN OMAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21983	SANDOVAL FRAIRE JACQUELINE MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21984	MORALES HIJAR CARLOS RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
21985	AYALA SALAZAR MONICA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21986	CHACON MORENO JONATHAN EMMANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21987	ROBLES ORTEGA CLAUDIA JOSHELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21988	OLIVAS RAMIREZ MIRIAM LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21989	GUZMAN LUNA FATIMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21990	HERRERA ANAYA ANETTE BRILLIT	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21991	CASTRO MIRAMONTES XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21992	MELGAR RODRIGUEZ MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21993	COBOS TELLEZ IRENE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21994	ACOSTA RAMOS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21995	SALCIDO LAGUNA KARLA RAQUEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21996	QUEZADA GARCIA DANNA MARLEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21997	GONZALEZ OLIVAS SANDRA MARCELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21998	GONZALEZ CORRAL IVAN ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
21999	DELGADO FLORES KAREN ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22000	REY MENDOZA JAIME	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22001	JUNCO SOTO FRANCISCO MANUEL	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22002	ALCAZAR RUBALCAVA JARED	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22003	RIVERA PORRAS FEDERICO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22004	RIVERA HURTADO ELIAS SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22005	WITRON GONZALEZ CINDY MINERVA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22006	RODRIGUEZ RODRIGUEZ ANA KAREN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22007	QUEZADA CERECEDO DIEGO OSMAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22008	RAMOS VILLA YAZMIN ISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22009	DE ALBA GARCIA EZEQUIEL ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22010	SALAZAR DURAN ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22011	IBARRA MAYNEZ ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22012	TORRES CORTES ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22013	SALAS BAEZ JOSELINE AZUCENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22014	PEREZ ESPINO KARLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22015	ORTEGA PEREZ CESAR ABDIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22016	RODRIGUEZ GOMEZ MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22017	RENTERIA VILLALOBOS FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22018	PIÑON . ISABEL PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22019	MUÑOZ ROSALES LUIS ABRAHAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22020	RODRIGUEZ CORTES ZAYRA AIDE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22021	LEMUS MORENO ENRIQUE JULIAN	36	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22022	NAJERA GALLEGOS ANA CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22023	GAMEZ MARIN LAURA MELISSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22024	ULATE RUIZ LESLIE ESTEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22025	CARDENAS ARGUELLES CESAR ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22026	CASTILLO PARRA DANIELA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22027	ARELLANO ANTILLON RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22028	TENA CORNELIO ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22029	REYES LUGO EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22030	FERNANDEZ QUIÑONEZ GLORIA CAROLINA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22031	SOLIS SALINAS LENNIN ZAID	16	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22032	CASTRO DELGADO DANIEL ALEJANDRO	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22033	BAYLON RODRIGUEZ JESUS OMAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22034	RAMIREZ ESTRADA JOHANA YOSELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22035	REYES SALAZAR MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22036	MARTINEZ ESTRADA VANESA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22037	PEREZ SILVERIO ALBERTA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22038	VAZQUEZ REYES JOSE JUAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22039	RODRIGUEZ DE LA ROSA KEYLA SARAI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22040	MUÑOZ QUIÑONEZ JOSE LUIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22041	GARDEA CORRAL LUCIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22042	CARRILLO PEÑA JORGE ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22043	CORRAL SAENZ EDNOVI ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22044	CARRILLO PACHECO LINETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22045	ROBLES DELGADO HORACIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22046	HEREDIA HERNANDEZ ANA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22047	CARRILLO VAZQUEZ MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22048	PONCE OROZCO SELINA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22049	RUIZ CASTAÑÓN VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22050	RODRIGUEZ PALACIOS HAYDEN JAIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22051	BALBUENA OLIVAS KAREN ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22052	COLOMO SOTO MARIO ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22053	DURAN SALINAS MARIA TERESA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22054	CORRAL RUIZ ZAIRA IDOLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22055	MUÑOZ TORRES CLARA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22056	PRIETO PORTILLO JESUS GABRIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22057	VAZQUEZ PALACIOS OSMAR IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22058	RAMIREZ GONZALEZ LIZETTE VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22059	GONZALEZ GUTIERREZ ANAMELEK	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22060	SANTIAGO BUSTILLOS ALEJANDRA FABIOLA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22061	OLIVAS DE LA ROSA JENNIFER	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22062	OLIVAS DE LA ROSA JESSICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22063	ALVARADO HERNANDEZ LITZY DENNIS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22064	ACOSTA VILLARREAL JULIO ARMANDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22065	ALMEIDA DUARTE MICHELLE ESMERALDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22066	CARRILLO MONTOYA VALERIA JOVANNA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22067	BAÑUELOS HUERTA RUTH DENISSE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22068	HERRERA SOLIS SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22069	CAMPOS QUEZADA BRAYAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22070	CABRIALES SILVA PAOLA YESENIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22071	BRIBIASCAS ALEMAN KAREN LILIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22072	PORTILLO DOMINGUEZ JOSE MIGUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22073	RIOS CAMPOS FABIOLA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22074	BERNAL VILLALOBOS DIEGO ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22075	CORTINAS CEPEDA YERALDIN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22076	CARRION MONTELONGO OZIEL ARATH	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22077	SOTELO MORENO LIZANDRA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22078	MARQUEZ GUEREQUE ALDO JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22079	VARGAS ARMENDARIZ JAZMIN ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22080	GONZALEZ MADRID ANGEL MARIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22081	PEÑA SILVA DANIA MARISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22082	PEREZ COVARRUBIAS GUSTAVO IVAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22083	HERNANDEZ GONZALEZ EVELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22084	CASAS NUÑEZ CAROLINA	16	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22085	GUERRA RIVERA TANIA ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22086	QUIÑONEZ TERAN BLANCA ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22087	HERNANDEZ BACA ERUBIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22088	LOPEZ LECHUGA ANA KAREN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22089	SIN CHAVEZ VLADIMIR ANDREY	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22090	MONCADA LOPEZ BRITANY SHAKTI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22091	DIAZ ESQUIVEL ITZEL AYDEE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22092	GOMEZ NUÑEZ CRISTIAN PAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22093	ORTEGA ARAIZA YESSENIA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22094	RODRIGUEZ CHAVEZ ASHLEY PAMELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22095	HERNANDEZ OROZCO LILIANA CASSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22096	ROSALES FERNANDEZ YESENIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22097	HOLGUIN SICAIROS LITAY YOJHARY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22098	HERRERA HOLGUIN LUIS ROBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22099	VALENZUELA PONCE MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22100	MONTES CAMPOS AINA VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22101	EGUIA ZAPATA JAVIER DE JESUS	49	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22102	RUIZ VILLALBA ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22103	LORENZO MEZA MARINA ABIGAIL	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22104	MONGE MENDOZA BRITNEY JENNIFER	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22105	ANCHONDO MIGUEL JOSE ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22106	GOMEZ RUIZ ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22107	TENA GARCIA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22108	BELTRAN DEL RIO . SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22109	CARRILLO VAZQUEZ YARA BETSABE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22110	RODRIGUEZ ALMANZA IRAM	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22111	ROJO PARRA PAOLA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22112	GARCIA LOPEZ ORLANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22113	RIVERA ESPINOZA PAULINA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22114	HERNANDEZ PEREZ CHRISTIAN OBED	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22115	GALAVIZ AYON BRANDON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22116	AVILA GRANILLO BERENICE ESTEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22117	ARELLANES MORALES INGRID PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22118	GARCIA ORTIZ GIOVANNA YAZMIN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22119	CARNERO FLORES SAUL FABIAN	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22120	MARTINEZ MENCHACA MAYRYAM ABRIL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22121	VILLARREAL ESQUIVEL YARELI CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22122	CONTRERAS RAMIREZ KRISTALY MIRELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22123	RAMIREZ MADRID DENISSE JOANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22124	CHAVEZ VILLA AYLIN KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22125	CARMONA PIZARRO AMY DENISSE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22126	VAN INGEN LUCERO ERIC ALEXANDER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22127	ORTEGA RIOS JORGE GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22128	HERRERA TORRES CHRISTIAN ISRAEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22129	PORTILLO MARQUEZ MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22130	MONTAÑEZ TERAN JOCELYN	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22131	PEREZ CALDERON ANA KAREN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22132	CALDERON FLORES LUIS EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22133	HERNANDEZ LEVARIO CINDY GUADALUPE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22134	SALAS MELENDEZ ANA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22135	HERNANDEZ CANO CRISEL ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22136	ALVARADO ELIAS BRENDA ESPERANZA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22137	GARCIA ARMENTA SAMANTHA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22138	DE LA ROCHA CONTRERAS DORIAN EDEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22139	GARCIA TORRES MONTSERRAT DEL CARMEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22140	RAMIREZ MARTINEZ ANDREA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22141	FIERRO TAVAREZ DIANA GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22142	PORTILLO CARBAJAL ANGEL FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22143	ZAPATA CASTAÑEDA NORMA JOHANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22144	NAJERA SANCHEZ BRISA ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22145	FIERRO BARRON URIEL IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22146	ORTEGA BUSTILLOS ALFONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22147	RAMIREZ VALLE CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22148	HIDALGO FRANCO IVAN ESTEBAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22149	GONZALEZ ESTRADA ISAAC MARTIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22150	AVILA DOMINGUEZ FERNANDA OSIRIS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22151	RUBIO TERRAZAS MAURICIO ENRIQUE	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22152	SIGALA MENDEZ WENDY PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22153	LOYA RAMOS NAHIDELYN XIOMARA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22154	GARCIA DOZAL NANCY PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22155	TRUJILLO LOPEZ MIGUEL ANGEL	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22156	ACEBO CASTILLO ESTEFANIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22157	SOLIS REZA SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22158	FLORES OLIVAS GABRIEL ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22159	VILLALOBOS . SHANNIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22160	SOLIS REZA MAURICIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22161	SOTELO TARIN PALOMA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22162	GONZALEZ QUIÑONEZ MARTIN ALEXANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22163	CHAVEZ MINJARES EVELYN YADIRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22164	MORALES URBINA HECTOR LEONARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22165	CANSECO HERNANDEZ LUISA ANDREA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22166	RAMOS MORALES ERICK ANDRE	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22167	LECHUGA SALMON ABIGAIL	16	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22168	CARDENAS CHAIREZ BRISA MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22169	PEREZ RODRIGUEZ DIEGO JAIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22170	ROSALES SERRATO ROBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22171	PORTILLO RAMIREZ ALAN DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22172	HERNANDEZ GONZALEZ ARLETH GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22173	CABRIALES PEREZ NANCY GABRIELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22174	REYES LUJAN LUIS ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22175	MAYNEZ BURCIAGA HECTOR HUGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22176	AVITIA CORRALES KARLA GUADALUPE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22177	GARCIA FAVELA GRACIELA JACQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22178	MARTINEZ HERNANDEZ ASUL IRENE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22179	ESTRADA ARREOLA MIRIAM FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22180	MARTINEZ HERNANDEZ RICARDO IVAN	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22181	BARRIOS MARTINEZ LUCERO	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22182	DELGADO GUERRERO ANA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22183	MALDONADO RODRIGUEZ ASHLY NAHOMY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22184	PEREZ HERNANDEZ ANDRES DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22185	ROBLES AGUIRRE MIGUEL ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22186	MORENO MONTAÑEZ CHRISTOPHER ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22187	UNZUETA VARGAS IVAN ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22188	REYES LEON TANIA MELISSA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22189	LECHUGA PONCE DE LEON MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22190	LOPEZ HERNANDEZ HIRAM ENRIQUE	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22191	LARA HINOJOS RAMIRO ARMANDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22192	GOMEZ JR . DIEGO ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22193	BARRAZA RIVERA CELINA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22194	RAMIREZ RUIZ MAURICIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22195	NAVARRETE CARAVEO JUAN ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22196	SANCHEZ MUÑOZ CARLOS ESEQUIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22197	GUILLEN OSORIO ANA KAREN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22198	CHAVIRA LOPEZ RUTH ESTELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22199	QUINTANA GILL DONOVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22200	RAMOS BAÑUELOS JESUS EMILIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22201	IBAÑEZ REY MANOLO HUMBERTO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22202	CARRASCO TREVIZO CAROLINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22203	VAZQUEZ CHAVEZ DANIELA IVETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22204	CONTRERAS MARTINEZ ANGEL JESUS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22205	PORRAS CHAVARRIA IRIVAN GAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22206	SALAS GONZALEZ DENISSE FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22207	ROMERO ESQUIVEL MARCOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22208	CARRILLO GONZALEZ TANIA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22209	JAVALERA DANIEL FRANCISCO AXCEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22210	LARA RAMOS NEIDA PAMELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22211	ZUÑIGA BURROLA ALICIA ALEXANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22212	SAENZ TORRES MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22213	LUIS FLORES JULISSA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22214	RINCON CHAPARRO ROXANNA AIDEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22215	NIETO CARRASCO WENDY ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22216	FIERRO COVARRUBIO VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22217	ROCHA MENDOZA JUAN MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22218	LAZOS MORENO JOSE FERNANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22219	ALDERETE HERRERA DAVID ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22220	TERRAZAS MARTINEZ JOCELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22221	RASCON GARCIA RUT SAMARA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22222	ACUÑA NEVAREZ LAYSHA CAROLINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22223	CHAVEZ MACIAS ANEL IRIDIAN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22224	OCHOA VENZOR ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22225	ORTEGA VILLANUEVA TERESA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22226	GUERRERO QUIÑONES BLANCA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22227	MENDIAS BECERRA SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22228	HERRERA ALMANZA OSCAR MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22229	CANO SOTO ABRIL VERONICA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22230	MENDOZA TAPIA JESSICA ANGELICA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22231	ELIZALDE PIÑON ANNA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22232	OLIVAS CHAPARRO ESTELA YUTZIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22233	CHAVEZ GUILLEN JAMES AARON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22234	ENRIQUEZ TORRES FRIDA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22235	CHAVEZ SANCHEZ EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22236	ORTEGA MELENDEZ LESLY SABRINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22237	RAMIREZ RODRIGUEZ MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22238	TAQUINI MAGALLANES CIELO YUNIKY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22239	ANDAZOLA VARGAS DANNA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22240	OLIVAS MALDONADO VIANNEY MANUELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22241	MARTINEZ BUSTILLOS BRENDA	45	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22242	VALLEJO GARCIA ITZEL GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22243	MILLAN CASTILLO CONRADO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22244	CASTRO RODRIGUEZ AIDEE JOSELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22245	CARREON CALLEJAS SERGIO ALFONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22246	HERRERA RODRIGUEZ JULIO DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22247	VARGAS MENDOZA NATALIA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22248	ROSALES LAZO FRANCISCO JOSUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22249	SUBIAS ESPINOZA LITZY NAYOMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22250	RUIZ DE LA PEÑA ANGEL EMANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22251	ANDUJO OLIVAS MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22252	SOTO AGUILAR GUSTAVO AARON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22253	MORALES MIRANDA CARLOS YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22254	GUTIERREZ FRANCO LUISA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22255	MELENDEZ NARVAEZ VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22256	LECHUGA GONZALEZ DANNA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22257	ARZATE SALCIDO DIEGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22258	DELGADO MARTINEZ ABRAHAM ORLANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22259	MOLINAR DERMA BRISSA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22260	GUZMAN ESTRADA LUIS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22261	CONTRERAS RUIZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22262	RUIZ FIERRO RAQUEL	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22263	GIL PARRA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22264	GAVALDON ARRIETA JAIR NAGASAKI	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22265	RODRIGUEZ RIOS PALOMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22266	QUEZADA ALVAREZ DENISSE JOSELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22267	SOTO FLETES ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22268	TERRAZAS GRANADOS EDEN ALEXSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22269	HERNANDEZ RODRIGUEZ JANETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22270	SOTO LOYA MICHELLE SARAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22271	VELETA DE LA O DANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22272	PACHECO LOZOYA ANA LAURA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22273	REAL DIAZ JUAN CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22274	FLORES LOYA KARLA ANGELICA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22275	FERNANDEZ MEDINA YATZIL YUSVIN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22276	CLARO VILLALBA NORETH GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22277	RASCON DOMINGUEZ KENDRA OSIRIS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22278	VIEYRA RODRIGUEZ BRYAN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22279	GARDEA QUIÑONEZ AXEL DARIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22280	DE LA MORA LECHUGA FRANCISCO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22281	GUTIERREZ LEVARIO JOSE IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22282	CARAVEO PALMA LUIS ALFREDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22283	SOTO AVILA CRISTELL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22284	PARRA CADENA DULCE ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22285	FRAGOSO TERAN MARIANA ESMERALDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22286	SALAZAR VILLALOBOS CECILIA JACQUELIN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22287	RODRIGUEZ ORNELAS JOEL JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22288	MENDEZ SAENZ ITZEL GUADALUPE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22289	FLORES HERRERA PAOLA EDITH	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22290	BRAVO SALAS LAURA YOSELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22291	PARRA QUEZADA JESUS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22292	MARES PEÑA MELISA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22293	ANDRADE MARQUEZ LILIANA GRISEL	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22294	CALDERA PIÑON JOSE SERGIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22295	FLORES TORRES JORGE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22296	RODRIGUEZ PACHECO NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22297	MORALES GONZALEZ DAMAYANTY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22298	CARRILLO MARTINEZ KAREN IVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22299	JIMENEZ MEDINA EYLEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22300	LOPEZ LOYA LAURA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22301	GALLEGOS MOJARRO NATALIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22302	MACIAS DIAZ BRYAN ALEXIS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22303	ALCANTAR MONTES GUERRERO ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22304	ALVARADO FIERRO VIANEY ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22305	GUTIERREZ CHAPARRO KATIA NOHEMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22306	FIERRO VALENZUELA LUCERO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22307	CHAVEZ LOYA HECTOR URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22308	AGUILAR MARQUEZ KEVIN ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22309	CHAVEZ MENDOZA YARELI ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22310	PICASSO MARTINEZ SAMANTHA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22311	CABALLERO CORDOVA JAVIER SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22312	AVITIA TENA ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22313	MARTINEZ BERGARA HUGO CESAR	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22314	OVALLE DELGADILLO ANDRE SANTIAGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22315	MARTINEZ TREJO CESAR	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22316	HOLGUIN LAZOS ITARY DAYANARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22317	LOYA TORRES CELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22318	OLIVAS NAVARRO IDALIA HIDEKEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22319	RAMIREZ PROA LUIS CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22320	CORONEL AGUILERA MARCO ZAID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22321	SANDOVAL AGUIRRE ROBERTO EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22322	MANRIQUEZ VELAZQUEZ UZZIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22323	TORRES BAQUERA KARLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22324	ARREDONDO CHAVIRA BRISSA MARLEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22325	VAZQUEZ LUJAN JESUS AURELIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22326	HERNANDEZ GAYTAN ESMERALDA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22327	SOSA HEREDIA JESUS EMILIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22328	MOLINA MENDEZ FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22329	ACOSTA GARCIA JESUS MOISES	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22330	COMPEAN ENRIQUEZ CARLOS GUADALUPE	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22331	GUTIERREZ ACOSTA SERGIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22332	ZERMEÑO ANCHONDO CARMEN MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22333	RIVAS HERNANDEZ JULIA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22334	FLORES BERROTERAN ANA LAURA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22335	SIGALA CANO ARIZAID	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22336	PARRA AMAYA CAROLINA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22337	RIOS BANDA VANESSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22338	LANDEROS VIRAMONTES JOHANA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22339	FONSECA MENDOZA BRYAN JASIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22340	ORTEGA SALCIDO LUIS ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22341	SALVADOR GARCIA ALAN GABRIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22342	PEREZ CHAVEZ YENIFER JASMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22343	MOLINA GALINDO JACQUELINE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22344	CALDERON . ARLEENE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22345	PIMENTEL CARRASCO ANA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22346	MARRUFO ALCOCER JUDITH EMIRETH	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22347	TORRES VALLES IRVING ALONSO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22348	ALVARADO BRIONES NORMA AMERICA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22349	ROBLEDO SANCHEZ HILARIA THAILY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22350	MARTINEZ PANDO ARNOL GERARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22351	CORTE LEYVA EDUARDO ENRIQUE	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22352	SALAZAR FIALLO DIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22353	VALENZUELA SEPULVEDA ISMAEL ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22354	CASTILLO QUEZADA ANEL CRISTAL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22355	ALVAREZ MALDONADO IDALY DAYAN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22356	DEL RIO LIMAS PRISCILA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22357	ORNELAS ORDOÑEZ ARANTZA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22358	MUÑOZ ONOFRE KEVIN DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22359	HERNANDEZ GARCIA JESUS EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22360	RIVERA RIVERA ITZEL AMAIRANI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22361	ACUÑA MENDOZA JOSE MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22362	LOPEZ AREVALO DIEGO MAURICIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22363	ORDOÑEZ VENEGAS IRIAM ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22364	SOSA HERNANDEZ ISAAY	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22365	PRIETO RAMIREZ IRAN ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22366	CORONEL HERNANDEZ ALVARO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22367	RUBIO ALDERETE RODRIGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22368	CAMPOS AVALOS PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22369	GONZALEZ RODRIGUEZ ESLY ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22370	SALDIVAR MALDONADO JOEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22371	GARCIA GUTIERREZ CARMEN VIVIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22372	HERMOSILLO MOLINA ANAHI JIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22373	HERMOSILLO MOLINA ARELY ALONDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22374	LIDDIARD VILLASEÑOR KATHIA MARLENNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22375	GONZALEZ IZQUIERDO LUIS CARLOS	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22376	ENRIQUEZ LOZANO SAMUEL DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22377	MENDOZA ALDABA ALDO FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22378	GUZMAN BAÑUELOS JOSE MANUEL	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22379	FIERRO MACIAS EDSEL ABRAHAM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22380	RIVAS NORIEGA ALONDRA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22381	JAIDAR PALACIOS DAN JASAE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22382	CARRILLO PONCE DE LEON ALONDRA YAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22383	ESPINOZA MURILLO LUISA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22384	MORALES CANO ANA ELENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22385	DEL RIO VANEGAS AMERICA SOLEDAD	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22386	LOPEZ ARELLANES JORGE EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22387	CONTRERAS ALVAREZ HERLAN DAGOBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22388	MONGE INGUANZO GERARDO RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22389	ROQUE SANTILLAN YUNUEN ALESY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22390	LOPEZ HERNANDEZ RITA	36	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22391	ESPARZA HERNANDEZ LARISA MARELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22392	CHACON MENDOZA OSCAR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22393	GRANADOS MORENO VALERIA YAHEL HA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22394	LUCERO MARTINEZ LUCERO ARELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22395	PORRAS RUBIO CYNTHIA REBECA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22396	HERNANDEZ PEREZ SABRINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22397	QUINTANA CASTRO SANDRA ESTEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22398	PACHECO MOLINA SOL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22399	REGALADO PACHECO YOALI JUDITH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22400	ALMANZA OCHOA ROBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22401	MUÑOZ MORALES ANGELES ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22402	ARELLANES HERNANDEZ BRIANA DOMINIQUE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22403	RAMOS TERRAZAS YAHARELI GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22404	CONTRERAS LOPEZ ROSA ISELA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22405	NIEBLAS MADRILES IXEL JOSELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22406	QUINTANA MELENDEZ CELESTINO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22407	RUIZ ROMERO ANDRES RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22408	BENAVIDES DURAN EMILIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22409	HERRERA GONZALEZ JESUS IVAN	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22410	ARROYO CALZADILLAS CESAR DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22411	GUTIERREZ MARQUEZ GISELLE GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22412	RODRIGUEZ DAVILA DENNIS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22413	RIVERA ACOSTA KIMBERLY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22414	TARANGO CARREON HANNA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22415	UNDA RODRIGUEZ CRISTIAN RODRIGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22416	SOSA TESILLO KENYA IVETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22417	BURROLA DIAZ ADRIELA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22418	BEJARANO LARA OLIVER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22419	MARTINEZ CALLEROS CIELO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22420	RODRIGUEZ RUBIO GEMA MORAYMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22421	MARTINEZ SOLIS ADELA VANESSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22422	GONZALEZ MODESTO LETICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22423	PONCE DURAN JOSE SEBASTIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22424	RIVERA PORTILLO DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22425	RODRIGUEZ SAENZ DALAI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22426	MURILLO ORTIZ LUIS EMILIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22427	VALENZUELA VALENCIA MIRIAM VIANNEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22428	HERNANDEZ MOLINA JESUS ADAN	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22429	MEDINA HERNANDEZ JESUS SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22430	PELAYO HERNANDEZ ARIANETH NARAI	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22431	RAMOS AGUIRRE BRENDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22432	BARRAGAN FRANCO WINSI MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22433	PAEZ LOPEZ JORGE GUADALUPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22434	PEREZ ROMERO ANDREA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22435	PROVENCIO LOYA ANA JULIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22436	AVILA LARA ANDREA YAHIRE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22437	PRIETO REYES KARLA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22438	SIMENTAL TELLO YOALY JUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22439	CASTILLO LLANES IRLANDA STEPHANY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22440	MARQUEZ HOLGUIN CARLOS OCTAVIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22441	ESPARZA VILLARREAL ANA CECILIA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22442	GOMEZ VALDEZ ALONDRA BELEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22443	MADRID CHACON MARIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22444	QUIROZ NAJERA ALEYSHA CAROLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22445	PEREZ GOMEZ EVERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22446	NUÑEZ DOMINGUEZ KRISSEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22447	CASTILLO AGUILAR CARLOS ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22448	DOMINGUEZ PEÑA MARIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22449	JAIDAR FERNANDEZ KATIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22450	MENDOZA ROBLES NATALIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22451	CHAVEZ JAQUEZ RAFAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22452	MADRIGAL VILLASEÑOR AMY MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22453	VILLA RODRIGUEZ DAWER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22454	RIVERA SILVA AXEL DANIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22455	BALLESTEROS ORTEGA ROSELY DALAY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22456	CABRIALES LICON ARANTZA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22457	ALVARADO RUEDA CINDY NALLELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22458	ONTIVEROS GUTIERREZ ADRIAN FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22459	CHAVIRA CARDENAS BRANDON ISRAEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22460	NAVARRETE RODRIGUEZ JANELY GEORGINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22461	MEZA ALVAREZ JEIMILI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22462	ACOSTA TOVAR YLEYDA LIZBETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22463	RAMOS NEVAREZ KARLA MELISSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22464	OLIVAS TORRES MARISOL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22465	RODRIGUEZ LEAL BRUNO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22466	ESCALANTE RODRIGUEZ LUIS GERARDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22467	DIAZ LOZOYA KENIA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22468	ORTIZ CUEVAS NADIA SUGEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22469	GARCIA NAVARRO BARBARA LUCIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22470	PALACIOS LUEVANO LUIS DEMETRIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22471	LUNA TALAMANTES KAREN GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
22472	BURGOA SOLIS LUIS MIGUEL	29 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22473	ABAID MORENO SOFIA	20 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22474	LOPEZ SILVA LAURA KARYME	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22475	MATA VELETA ITZEL ESTEFANIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22476	FIERRO ANCHONDO JESUS ALEJANDRO	20 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22477	ESPARZA ALARCON MIGUEL	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22478	GODINEZ OLVERA ERICA MONSERRAT	35 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22479	RAMIREZ VELAZQUEZ KARINA OFELIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22480	HERNANDEZ VILLALBA SOFIA VICTORIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22481	MURILLO SAENZ BETZABE ALEJANDRA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22482	ACOSTA NUEVO YESENIA GUADALUPE	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22483	LOZOYA DIAZ CARLOS DANIEL	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22484	CHAVIRA ARREOLA MARIA FERNANDA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22485	ESPINO PICASSO KATYA FERNANDA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22486	MORENO ANCHONDO OSCAR ANTONIO	20 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22487	RIVAS ACUÑA MARCO ANTONIO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22488	HEREDIA GORDILLO EDUARDO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22489	ESPINOSA MARTINEZ KAREN ALEXA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
22490	SOTO AGUILAR JULIAN JESHUA	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22491	SOTO ROMERO NUBIA ALEJANDRA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22492	OLIVAS GONZALEZ ITZEL JOHANA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22493	NEGRETE ARAGON KARLA MARIANA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22494	MORALES GALAVIZ PAOLA PATRICIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22495	MOREYRA HERNANDEZ PAOLA MIROSLAVA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22496	MERAZ MARQUEZ GAEL JARED	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22497	OROZCO VARGAS JOHANA THALIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22498	BALLESTEROS CARRILLO RODRIGO EMILIO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22499	SERNA RAMIREZ LUCERO ELISA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22500	ANZURES MORALES JIMENA MARIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22501	ARAGON FRANCO ALEXA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22502	DOMINGUEZ CASAS LUIS FERNANDO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22503	DOMINGUEZ TARANGO AMERICA JHOANA	20 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22504	MONTAÑO LOPEZ BRENDA GUADALUPE	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22505	MORA VAZQUEZ ADDI	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
22506	MELENDEZ GUARDIOLA MARCOS FERNANDO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22507	LIMAS MUÑOZ BRISEIDA MARIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22508	NERI HERMOSILLO ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22509	RUEDA QUINTANA EBER ARMANDO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22510	DE LA RIVA MARTINEZ MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22511	GUERRA CANO ERICK DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22512	PUGA TALAMANTES LUIS ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22513	ROMERO RAMIREZ MIGUEL ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22514	PEREZ ARREDONDO ARELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22515	CERVANTES MONTES MARIA LUISA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22516	SIGALA CHACON ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22517	AGUIRRE MENDOZA DIEGO BALTAZAR	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22518	DUARTE MONARREZ YULIANA SAMANTA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22519	SEGUNDO NAVARRETE EYRA MALENY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22520	CAMPOS LEYVA LUIS CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22521	PALACIOS RAMOS FERNANDO ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22522	MORA GARZA NANCY EDITH	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22523	SOTELO CABRERA JORGE DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22524	SAAD PORTILLO ANGEL ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22525	DURAN CHACON ALAN ROGELIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22526	PORRAS GARCIA EDITH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22527	VALENZUELA GONZALEZ ILEANA	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22528	SAENZ CHAVEZ CARLOS ADRIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22529	REYES MORENO ZEIDY SARAHÍ	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22530	LARA GARCIA BRIAN DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22531	NUÑEZ ENRIQUEZ OSWALDO HIRAM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22532	DE LA REE CARDENAS ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22533	ONTIVEROS NUÑEZ ARACELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22534	MARTINEZ GUERRA JAIDAR SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22535	BOLAÑOS PAYAN MARCELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22536	CARRILLO MONTOYA AXEL ALFREDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22537	RENTERIA GARZA JESUS DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22538	ARGUELLO PARRA MICHELLE RUBI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22539	CONTRERAS MUÑOZ ABRIL ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22540	HERNANDEZ ALVAREZ VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22541	RAMOS FERNANDEZ SAMARA IATZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22542	AGUIRRE MORALES EDWIN ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22543	VALENZUELA HERRERA ERIK	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22544	GONZALEZ OLIVAS RUBEN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22545	MALDONADO LIMAS AIDE CASSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22546	ARGUELLO PARRA MITZI ESMERALDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22547	ORTIZ CHAPARRO YOSSETH MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22548	RODRIGUEZ CABALLERO SALMA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22549	SANCHEZ ARMENDARIZ JOSE HILARIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22550	GARCIA SANCHEZ DIEGO ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22551	GARCIA PALOS ERICK ANDRE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22552	CHAVEZ BARTHELEMY EVER GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22553	PRIETO SAENZ GABRIEL ISAI	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22554	MARTINEZ RUIZ NATALIA ARELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22555	VARGAS LEM JULIO CESAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22556	TORRESDEY CARDENAS DAVID ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22557	ROCHA MORALES ASTRID ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22558	GASTELUM PADILLA JOSUE RAZIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22559	OLVERA CUEVAS SAMARA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22560	RUIZ ORTIZ LESLY VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22561	GALINDO BACA MICHELLE ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22562	NEGRETE MORALES ARIANA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22563	LARA MEDRANO JAHIR ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22564	QUIÑONEZ STIRK JANET PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22565	CERVANTES FERNANDEZ KEVIN ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22566	GALINDO ESPARZA GALIA GIOVANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22567	OLIVAS VALENZUELA ELIAB JAHAZIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22568	HERRERA FLORES FRANCISCO EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22569	MIRANDA JIMENEZ ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22570	ZEPEDA MORALES LUISA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22571	LUNA AGUILAR PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22572	REYES LARA ALIX ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22573	WILCHIS VARGAS DIEGO ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22574	MONTES GARCIA JAVIER ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22575	HERNANDEZ HERNANDEZ DIANA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22576	NEVAREZ MEZA JESUS ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22577	OJEDA DIAZ JESUS JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22578	HERNANDEZ REYES FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22579	PIZARRO GONZALEZ NANCY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22580	ZAVALA LOYA FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22581	CRUZ JURADO GRACE ELENA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22582	ORTEGA ESPINO JAYDY ANAHI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22583	BURCIAGA LARA VIRIDIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22584	LAGARDA ACOSTA JOSE ADELMO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22585	PEREA MARRUFO CYNTHIA DENISSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22586	FLORES IRIGOYEN MIRNA MARIANA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22587	MORALES MARTINIE ADELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22588	ALARCON ARREDONDO MILDRED	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22589	BURROLA BOLIVAR JESUS IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22590	PORRAS ARZOLA ANA VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22591	CRUZ RAMOS GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22592	JAQUEZ ARZOLA DANIELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22593	ARMENDARIZ MILLAN BRUNO ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22594	CALDERON LOYA MARISSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22595	SALDAÑA AGUILERA JESUS ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22596	PETASNICK ROMO SAMARA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22597	BALTIER SANDOVAL ANDREA NOHEMY	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22598	IBARRA GUTIERREZ MIGUEL ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22599	CANSECO YEBRA GABRIEL	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22600	ENRIQUEZ VILLAFUERTE GISELLE ARLETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22601	MARTINEZ RODRIGUEZ LUIS ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22602	GALLEGOS MARTINEZ ANA CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22603	ARMENDARIZ SAENZ JESUS SALVADOR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22604	RAMIREZ PEÑA JAVIER ALFONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22605	MUÑOZ . SEIRY OKANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22606	REY LOZOYA ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22607	CALLEROS VAZQUEZ JESUS MANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22608	MARTELL PEÑA KEVIN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22609	ARMENDARIZ CHAVEZ JOHANA ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22610	ACOSTA SALINAS KAREN DENISSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22611	BENCOMO SUAREZ YAMILETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22612	GOMEZ TREJO MAYRA LILIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22613	GUEVARA ESQUEDA PATRICK ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22614	FLORES MORALES JESUS ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22615	ABBUD BAEZA ELIAS MAURICIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22616	SILVA PIÑON ESTEFANY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22617	MADRIGAL MATA VALERIA AZUCENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22618	SOSA CHAVIRA ALEJANDRA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22619	MEDINA ALMANZA LARISSA EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22620	LEON TORRES DIEGO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22621	PEREDA CAZARES VICTOR ADAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22622	EUGENIO MORIEL SAID ALEJANDRO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22623	REYES OLIVAS ITZEL AIRAM	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22624	RUIZ GOMEZ DANIA YASEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22625	MANCILLAS REYNA VALERIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22626	SOTO MORALES DANNA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22627	COLOMO FLORES CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22628	RAMIREZ SAUCEDO DAPHNE NOELIA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22629	CHAPARRO CARRILLO DANNA MICHEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22630	CIENFUEGOS CARAVEO FABIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22631	HERNANDEZ ORTEGA HUGO ESTEBAN	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22632	GONZALEZ ESCARCEGA YAZMIN YARELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22633	FLORES CHAVEZ ERICK RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22634	ALVAREZ CRUZ KARELY ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22635	ESCAPITA CAMPOS CARLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22636	SAENZ GUTIERREZ ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia			Coberturas y sumas aseguradas			
				Día	Mes	Año	Seguro	Accidentes	Enfermedades	Salud
22637	RIQUELME CARAVEO CRISTINA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22638	STOEVE SEPULVEDA FEDERICO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22639	MURO CHAVEZ JUAN DE DIOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22640	ARELLANES CABALLERO MARIA ABIGAIL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22641	HERNANDEZ BURROLA DIEGO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22642	HERNANDEZ DEL VALLE SAUL ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22643	GUADERRAMA MONCAYO LUIS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22644	ESTRADA ARTEAGA ROBERTO ENRIQUE	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22645	LEGARDA PARRA NEIZA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22646	SANCHEZ ARMENDARIZ MARTHA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22647	HERNANDEZ MORENO ERICKA ALEJANDRA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22648	HERNANDEZ TERRAZAS ABRIL ALEXA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22649	MARTINEZ VIDAL ITZ CHELL IVANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22650	FERNANDEZ RAMIREZ DIANA JAQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22651	MORENO TORRES MICHELE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22652	SALAS ESCAPITE LUIS EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22653	RODRIGUEZ GUILLEN ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22654	MORALES ALCALA ISABELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22655	AVENDAÑO LEYVA ANGEL FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22656	VILLA CAZARES PAOLA SOLEDAD	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22657	CENICEROS BAYLON LUIS ALFREDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22658	RODRIGUEZ HERNANDEZ SHARENNY	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22659	ROMERO DIAZ STEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22660	ALVARADO RAMIREZ ERIK SAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22661	RIVAS ORTIZ MELISSA AIDEE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22662	VAZQUEZ ORTIZ JUAN PABLO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22663	PRIETO PAYAN ALEXA DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22664	ESTRADA JR RODRIGUEZ MAYRA DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22665	SAENZ PRIETO JOSE YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22666	ARMENDARIZ FLORES LUIS ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22667	ALVIDREZ BARRIOS PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22668	VAZQUEZ AVIÑA OSMAN DARIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22669	DIAZ QUINTANA JOSE ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22670	DUARTE ZAPIEN SILVIA ELENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22671	MOLINA VAZQUEZ XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22672	BERNAL PALMA ANDRI ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22673	GOMEZ SANCHEZ PEDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22674	JIMENEZ CHAVIRA CARMEN CAROLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22675	MORALES MARQUEZ MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22676	CORRAL IBARRA FERNANDO ISAAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22677	ESTRADA FIERRO ANGELA ISABEL	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22678	HERNANDEZ MIRANDA JESUS EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22679	HALLAL RODRIGUEZ DANIELA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22680	AGUIRRE ARREOLA JOSE MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22681	MUÑOZ ORTIZ ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22682	ORTEGA TORRES RAFAEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22683	PALOMINO LUNA ALAN DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22684	LOYA OLIVAS DIANA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22685	CARO VALENZUELA FERNANDO YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22686	ESPARZA MENDEZ ODALYS SOCORRO	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22687	GOMEZ PAVON JAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22688	CHAVEZ ESTRADA ROXANA DEL CARMEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22689	CARO CEBALLOS BALTAZAR OBIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22690	RICO AVILA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22691	JIMENEZ GOMEZ GONZALO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22692	RIVAS LOYA ANDREA SOFIA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22693	GONZALEZ MORALES DANIA GRISELL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22694	ORTEGA GUERRA LESLIE ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22695	HERNANDEZ RIOS DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22696	RUIZ DE LOS ANGELES ERIK NICOLAS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22697	NIETO CERROS CESAR ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22698	LUEVANO OROZCO CRISTOPHER SILOE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22699	CUEVAS GARCIA HUGO	36	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22700	FLORES CHIRIVISTA BLANCA CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22701	CHAVEZ ESTRADA ANGEL ELIAS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22702	MARTINEZ SALCIDO DANIEL JOAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22703	PEREZ ALFONZO EMILIO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22704	MENDOZA SERNA MITZY CORINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22705	STUBBS CHAVEZ LYNNETTE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22706	MUÑIZ CARO FATIMA CAROLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22707	MILLAN RUIZ JOSE MIGUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22708	RUIZ REY EVER HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22709	MONCLOA MURO AXEL RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22710	LOPEZ MENDOZA JULIA MERCEDES	52	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22711	BENCOMO ZARATE NAHIM DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22712	SAENZ CHAVEZ MARIA JOSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22713	SALAI S OLAVE ORLANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22714	SAENZ LOPEZ ANDREA SOLEDAD	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22715	MARTINEZ PATIÑO DIVELI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22716	DURAN MENDOZA DANIELA ANGELICA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22717	GOMEZ PEREZ PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22718	PONCE ANCHONDO JENSY ANAID	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22719	CHAVEZ HERRERA OSMARA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22720	MEDINA MELENDEZ ENZO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22721	CALZADA CORRAL KENIA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22722	DE SANTIAGO AWAD SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22723	SAUCEDO MARTINEZ MARTIN ARMANDO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22724	DIAZ HERNANDEZ CASSANDRA AYLIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22725	SOTELO TERRAZAS ENYA ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22726	LOPEZ LARA SEBASTIAN ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22727	FLORES GUERRERO JUAN SEBASTIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22728	CHAVEZ SANTANA OLIVER JAVIER	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22729	DE LA ROSA DUARTE ANA PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22730	NAVARRETE DELGADO EMILIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22731	LEZAMA BRIANO MONICA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22732	VARELA ARVIZO ANGELA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22733	APODACA ACOSTA CLAUDIA GISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22734	MEJIA RINCON DANNYEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22735	CORTES ALCARAZ ERICK YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22736	PAEZ BAILON VICTORIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22737	LOPEZ CHACON MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22738	LOPEZ RODRIGUEZ PAMELA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22739	CORDOVA AGUAYO DULCE VIANEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22740	GARCIA ARROYO DANIEL	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22741	OLIVAS RODRIGUEZ JOCELYNE ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22742	PANTOJA ALARCON JESUS EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22743	MACEDA BRAVO YUVER	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22744	PALAFX LOZOYA MARTIN UZIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22745	BACA GONZALEZ JESUS ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22746	GONZALEZ SEGOVIA DIEGO ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22747	PORTILLO GONZALEZ MARIO ALBERTO	33	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22748	RAMIREZ FERREIRA KARLA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22749	RIVERA NAVARRETE CIELO MARINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22750	SALINAS CERVANTES VICTOR ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22751	DE LA TORRE TARANGO ITZEL VERONICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22752	RODRIGUEZ LOPEZ KEVIN JARED	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22753	BAYLON ORTIZ JOSUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22754	RIOS VIRAMONTES LUIS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22755	TREJO JUAREZ DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22756	BARRAZA CORDOVA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22757	LOYA MORALES LEONARDO DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22758	RUELAS VALENZUELA NICXIE KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22759	LUNA REYNA LUIS JESUS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22760	ALVARADO GONZALEZ FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22761	GONZALEZ ESTUPIÑAN OSCAR DAMIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22762	BANDA RAMIREZ ANTONIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22763	ACOSTA REMEZ HANIA YESSENIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22764	COLUNGA BOLIVAR CARLOS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22765	TRISTAN LOERA RAFAEL ALEXIS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22766	OCHOA HERRERA CORINA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22767	GARCIA ENCISO LESLY GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22768	TALANCON LOPEZ STEPHANY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22769	MARTINEZ ENRIQUEZ MAYRA PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22770	ESTRADA SANTOS ERIK	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22771	LIMAS GARCIA VICTOR MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22772	MORALES FERNANDEZ DANNA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22773	ORTIZ HERNANDEZ AIMEE LILLIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22774	CHAVARRIA PAYAN AYLIN LETICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22775	CORDERO CONTRERAS ABRAHAM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22776	TRUJILLO MENDOZA MARTHA ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22777	RODRIGUEZ CONTRERAS MARIA GUADALUPE	52	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22778	ORTIZ RASCON ANGELICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22779	LUNA GARCIA YOALIH	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22780	ARZAGA RAMIREZ EDITH ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22781	CHAVEZ PALMA VICTOR HUGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22782	NUÑEZ VILLA MIREYA ANAHI	16	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22783	LEVARIO NIETO ANDREA YIZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22784	ZUBIATE CHAVEZ EDGAR ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22785	QUINTANA GALLARDO JOCELYN FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22786	AGUILAR ORNELAS LUISANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22787	ORTIZ LOPEZ LUIS GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22788	RODRIGUEZ SAMANIEGO MANUEL EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22789	HERNANDEZ LOYA PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22790	ALANIS RIVERA FERNANDA ELIZABETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22791	BETANCOURT CORRAL EMILY PALOMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22792	ESCARCEGA HOLGUIN CESAR ALAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22793	LECHUGA ONTIVEROS ANGEL LUCIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22794	BRAVO SANCHEZ VIANNEY RENEE	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22795	CARRILLO SOTELO SERGIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22796	ZAPIEN BRETADO BRISEIDA YAMILET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22797	GARCIA ROBLES ANDREA SUSANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22798	LOYA ALMUINA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22799	URIARTE MORA REYNA SAMANTHA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22800	ACOSTA GUERRA OSCAR JAVIER	35	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22801	HOLGUIN MERAZ SUGEY DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22802	GUMERCINDO RIOS EDGAR DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22803	ROMERO LERMA MARIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22804	RIVERA PARRA ALEJANDRA PAMELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22805	ROBLEDO LEVARIO ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22806	DOMINGUEZ DOMINGUEZ HEIRY JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22807	JUAREZ PORTILLO BRYAN SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22808	SOLANO ORNELAS DAYANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22809	VARELA VELASQUEZ MONTSERRATH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22810	SALGADO BELTRAN NOELIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22811	ESPARZA BARRAZA BRYAN ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22812	GALLEGOS FLORES MARIA ANETTE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22813	PEREZ GANDARA DIANA ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22814	HOLGUIN CARRASCO SERGIO LUIS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22815	AVILA CORDOBA JACQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22816	PALMA TAPIA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22817	CORRAL CORDERO IVONNE GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22818	AGUILERA MARTA DIEGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22819	NUÑEZ ALEMAN MARIO ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22820	GARCIA HERNANDEZ GUSTAVO ANGEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22821	MORALES SAMANIEGO MAYRETH ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22822	GUERRERO SAENZ CESAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22823	ORTIZ SANDOVAL LUIS CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22824	RODRIGUEZ MARQUEZ DAVID HUMBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22825	GUTIERREZ RODRIGUEZ KARELY NAYELI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22826	BUSTAMANTE ORDUÑO MARISSA IDALLY	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22827	GARIBAY GUILLEN KARIM ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22828	ACOSTA RIOS PAOLA ANETTE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22829	MALAGON VILLA GAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22830	LOPEZ SALVATIERRA PERLA LILIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22831	MARQUEZ DURAN IRLANDA FABIOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22832	RENTERIA MORENO ESTEFANY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22833	JIMENEZ ZUBIA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22834	GAYTAN PAEZ MICHELL VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22835	SAENZ CALZADIAS YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22836	CABALLERO VALENZUELA MARIO BRYAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22837	GONZALEZ PEREA PATRICIA DOLORES	46	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22838	LOYA GARCIA PAULINA YAMILETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22839	GOMEZ SANDOVAL ALONDRA RUBY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22840	ALVAREZ ANDUJO LESLY CECILIA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22841	RUBIO JURADO MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22842	ALCARAZ RUIZ ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22843	HERNANDEZ AVILA DAVID ULISES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22844	LICERIO ZERMEÑO TANIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22845	TREVIZO QUEZADA MARGARITA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22846	GUERRERO GONZALEZ HECTOR ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22847	SANCHEZ BARRERA JOSE JARDEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22848	CASAS HERRERA OSCAR XAVIER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22849	MERAZ MONTES ADRIAN CARMELO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22850	BUENO MARIÑELARENA LAURA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22851	VAZQUEZ CHAVEZ BRANDON JARED	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22852	BARAY JAQUEZ GALILEA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22853	GARCIA HERNANDEZ EUNICE REFUGIO	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22854	FLORES VALDES MIGUEL ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22855	MONTES DOMINGUEZ CRISTIAN YAIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22856	RIVERA MORENO SYLVIA ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22857	BENAVIDES GUTIERREZ KAREN MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22858	BUSTILLOS GUERRERO GUSTAVO ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22859	GARCIA TARANGO YENIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22860	MEZA SANCHEZ REBECA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22861	ENRIQUEZ GONZALEZ AARON EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22862	ARAGONEZ CAMPOS OSMAR	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22863	BELTRAN REYES JUAN ERNESTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22864	ALDERETE PEREZ ALAIN YAHVE	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22865	CARRASCO SALAS VANESSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22866	LOZANO . NATALIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22867	MOLINA CORRAL DIEGO ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22868	RICO CHACON MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22869	ROSALES SALAZAR DANIA ARACELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22870	ORTEGA MANRIQUEZ DANIEL ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22871	PARRA QUINTANA YANARA AUDREY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22872	URIOSTEGUI PEREZ JOSUE ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22873	CHAVARRIA MENDOZA CESAR AZAHEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22874	RAMIREZ MARQUEZ PATRICIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22875	VALENZUELA PEREZ KAREN ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22876	VARGAS SILVA KARLA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22877	REYNOSO HERNANDEZ EVELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22878	RAMOS PEREZ GILBERTO ALEJANDRO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22879	LOYA FROESE KARIME GISELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22880	PEREZ SANCHEZ ANA MARIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22881	GARCIA ARREOLA EVELIN GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22882	TORRES AGUIRRE FRIDA CASSANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22883	HERNANDEZ FELIX KARLA YAZMIN	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22884	ABES NUÑEZ MARIAM PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22885	TOLEDO BORUNDA EDWIN ISRAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22886	CASTILLO CARDENAS EVELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22887	FLORES RAMOS CAMILA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22888	QUINTANILLA TORRES PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22889	TREJO PEREZ JASON EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22890	GUTIERREZ GUEL YANETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22891	FLORES ALMANZA ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22892	MORENO HERNANDEZ NAYDELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22893	SANCHEZ ALONSO KARIME ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22894	CATALAN PAZ BEYRA LIZBETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22895	ORTEGA SAENZ JUAN ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22896	LERMA ZARAZUA CELESTE AZUCENA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22897	SALAS ANAYA MARIA ISABEL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22898	TARANGO RODRIGUEZ ARIANI YAMILET	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22899	MONGE RUIZ ANGEL DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22900	FLORES BURCIAGA LUIS GUILLERMO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22901	ARMENDARIZ MALDONADO VIRIDIANA ELOISA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22902	GONZALEZ DOMINGUEZ EDGAR ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22903	SOTELO VIEZCAS FATIMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22904	ROSALES CAMPA DANIEL URIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22905	OLIVAS BUSTILLOS KAREN EDITH	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22906	GALINDO FAVILA NATALIA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22907	LOMELI GARCIA JOSE ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22908	ANAYA SOTELO MARINA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22909	POMPA GONZALEZ PEDRO MIGUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22910	VASQUEZ HERNANDEZ JESUS GAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22911	VALENCIA ESPARZA LIZA IVANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22912	VALLADARES GAMEZ OREL	43	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22913	ARZOLA CHAVEZ CLARA ZULEMA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22914	PRIETO ANDUJO VALERIA FERNANDA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22915	SALAS ANAYA ANA CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22916	PIÑON GONZALEZ LUIS EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22917	ROCHA NIEBLAS CINDY AILEEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22918	CRUZ ARCUBIA YESENIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22919	ALMANZA AVILA MARTIN EMMANUELLE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22920	VAQUERA TORRES ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22921	DOMINGUEZ VELAZQUEZ OMAR FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22922	TAPIA CHAVEZ ZAIRA DAMARIS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22923	SALAZAR ANCHONDO KARINA MARISOL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22924	ALVIDREZ SANTAMARIA MARSELLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22925	CALDERON OLIVAS JOSE LUIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22926	HERNANDEZ SAENZ PALOMA ALEXANDRA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22927	RICHARDS BARRIADA LUIS IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22928	SANCHEZ FLORES DANIELA IXCHEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22929	HERNANDEZ RENTERIA MARCELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22930	RODRIGUEZ HERRERA LARISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22931	SAUCEDO GARCIA ALMA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22932	TARANGO DELGADO LUIS ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22933	MONTES CAAMAL ERNESTO GUADALUPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22934	MORALES ORTIZ NAYELI DENISSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22935	REYES COVARRUBIAS MIGUEL YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22936	MARQUEZ MARQUEZ GRISSEL ANUBIS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22937	BETANCOURT MARTINEZ ASHLI YAJAIRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22938	CABALLERO VALDIVIEZO YENNY AIKO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22939	JURADO CANO YASBEK	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22940	TORRES MATA NORMA LIZETH	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22941	LOPEZ MENDOZA DENNYS PAMELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22942	GAMBOA SILVA BLANCA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22943	HERNANDEZ DE LA ROSA DIANA ELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22944	GARCIA ALONSO ANDREA YAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22945	VARELA HEREDIA NATHALIA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22946	POSADAS VILLEGAS MARIA XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22947	SAUCEDO MATA RAYMUNDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22948	RANGEL LOYA ANDREA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22949	MENDOZA PRIETO MELISSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22950	GARIBAY VALENZUELA ANGEL EDUARDO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22951	BACA ORTEGA JOSE MARIA	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22952	GUTIERREZ GONZALEZ MARIA ALEXIA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22953	AGUIRRE MEJIA PALOMA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22954	PAEZ ESCALONA MELISA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22955	MENDOZA GONZALEZ JUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22956	MOYA AGUILAR EMELIE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22957	NAJERA VAZQUEZ JORGE ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22958	ARIAS PORTILLO GILBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22959	DE LA FUENTE ARAGON ANA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22960	GONZALEZ SOTO VICTOR	35	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22961	CASTILLO MARTINEZ MARIA PRISCILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22962	HERNANDEZ LOPEZ DANIEL BENJAMIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22963	MEZA GARCIA ERICK EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22964	CHAVIRA CHAVEZ JOSE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
22965	FRIAS HERNANDEZ EVELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22966	DELGADO MENDEZ RAMON YOVANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22967	GARCIA MAGALLANES ERIC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22968	PEREZ MIER CYNTHIA BERENICE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22969	GURROLA ROSALES NAYELI	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22970	FIERRO FERNANDEZ WENDY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22971	SIERRA SOSA LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22972	MONTOYA RUIZ ANTONIO REFUGIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22973	PALACIOS DURAN JHAZIEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22974	JARIZ MENDOZA OSCAR LAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22975	VELAZQUEZ GUDIÑO KARIM ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22976	CENICEROS NATIVIDAD XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22977	FRANCO GARCIA NANCY YOLANDA	36	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22978	LUNA DUARTE NAYDELIN VIANEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22979	MOLINA OROZCO RICARDO JOEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22980	DURAN MENDEZ DANNA PRISCILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22981	SIFUENTES MORALES FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22982	SANCHEZ MERAZ YESENIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22983	MORALES FRIAS KARINA IVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22984	VALDIVIEZO PACHECO JESUS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
22985	RIVERA MATA FATIMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22986	SANTIAGO CERVANTES MIGUEL ANGEL	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22987	DELGADO MACIAS DANIEL ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22988	DOMINGUEZ DUARTE EVA GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22989	JUAREZ SOSA DEISVY TERESA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22990	VALENCIA NIETO JESUS MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22991	ROJO ARMENTA EMILY ELIZABETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22992	BALDERRAMA LOZOYA ANA JETZABEL	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22993	CRUZ VALENZUELA ORLANDO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22994	MORENO PUGA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22995	ECHEVERRIA LOERA LUISA PAOLA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22996	ROSALES AMPARAN BRAYAN URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22997	ESPIÑOZA CASTILLO ALISON ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22998	AGUILAR GALLARDO FRANCISCO ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
22999	TERRAZAS ARMENDARIZ CARLOS YAHIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23000	VALLE MONREAL BRAYYAN ENRIQUE	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23001	HERNANDEZ RUBIO ANGELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23002	ARVIZO PAYAN YERANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23003	GONZALEZ DOMINGUEZ LUIS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23004	SILVA CONTRERAS MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23005	VALADEZ PEINADO RUTH ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23006	ZAPATA ANCHONDO JAVIER ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23007	MARQUEZ GANDARA NATALIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23008	MELLENDEZ CARRILLO ALMA LIDIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23009	MENDOZA DIAZ RUBEN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23010	CRUZ FERNANDEZ JESSICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23011	HERNANDEZ REYES FERNANDA IDALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23012	PUERTAS GALINDO SERGIO ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23013	DIAZ GARCIA DARAHANI VIOLETA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23014	PROA HINOJOS KEVIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23015	LOERA ACOSTA JESUS ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23016	GARCIA PATIÑO PAVEL BENJAMIN	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23017	LOYA PEREZ MIRIAM ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23018	SANCHEZ CANO JULIAN ALFONSO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23019	VALLES GARCIA JESUS ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23020	HERNANDEZ RODRIGUEZ PAOLA VIANNEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23021	BAZALDUA MENDOZA MIGUEL ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23022	NOVOA RODRIGUEZ JORGE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23023	LOPEZ TRIANA ROBERTO CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23024	ROMERO ANDAZOLA ANGEL AARON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23025	PAYAN PONCE DE LEON JOCELYN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23026	GUTIERREZ LEYVA STEPHANY LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23027	SAENZ CHAVEZ LUIS GERARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23028	RIVERA GONZALEZ KARLA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23029	GARCIA MORENO JESSICA MERIT	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23030	REYNOSA CAZARES ALEJANDRA	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23031	HERNANDEZ GARCIA ALAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23032	ECHEVERRIA LOERA LUIS EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23033	VALLADARES GINER EDY AARON	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23034	SAENZ AGUIRRE JENNIFER ARELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23035	GONZALEZ OCHOA MONICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23036	PEREZ GUTIERREZ JUAN LUIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23037	GUERRERO ROJO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23038	DUARTE MEDINA IDALY	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23039	DURAN ROJAS JUAN CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23040	PEREZ DIAZ JESUS ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23041	ZAMBRANO CASAS ABRIL DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23042	NUÑEZ MALDONADO SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23043	AMPARAN SAENZ ESMERALDA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23044	ARMENDARIZ VILLARREAL NICOLE JAMILLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23045	PINEDA SIFUENTES ANDREA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23046	PORTILLO URQUIDIZ JESUS ISRAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23047	CALVILLO GARCIA ANA KAREN	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23048	CRUZ JUAREZ GUILLERMO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23049	ARMENDARIZ ZUBIATE CESAR EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23050	TREJO MORALES URIEL ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23051	SANCHEZ MENDEZ VIANNEY GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23052	GANDARA RASCON ALEJANDRINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23053	GARCIA MENDOZA IRVIN SAUL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23054	NEVAREZ MENDOZA ARIANA JUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23055	MONGE GARCIA CARLOS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23056	MUÑOZ CONTRERAS BRYAN ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23057	GALICIA SANCHEZ YALINE MONSERRATH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23058	BENCOMO BARAY RENATA CAMILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23059	VAZQUEZ SALGADO GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23060	GARCIA RUBIO LUIS GIOVANNI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23061	PARRA TORRES ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23062	TORRES ORTIZ SAMANTHA NICOLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23063	ARRIAGA SOLANO VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23064	SOTELO MATA VANIA DAHYLIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23065	ACOSTA TALAMANTES DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23066	TORRES ROSALES BRANDOM IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23067	GINER MORALES DEICY	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23068	SIQUEIRA PENA FERNANDES EMERSON	35	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23069	URQUIJO JARAMILLO RUBEN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23070	GOMEZ MENDOZA LIZETH GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23071	MARQUEZ JAQUEZ BRIANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23072	MENDEZ ESTRADA JASON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23073	PEREZ RUVALCABA RENE LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23074	AGUIRRE LOPEZ JOSE GABRIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23075	GARDEA CRUZ KARLA JATZIRI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23076	CARRASCO GONZALEZ RICARDO ALEXIS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23077	RAMIREZ MANRIQUEZ MARIO IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23078	VALLES LOZOYA ANGELA ARLETHE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23079	ROMERO MAGALLANES ITZEL AMERICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23080	DEL OLMO JUAREZ LUIS FERNANDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23081	ORTIZ PORTILLO EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23082	GAXIOLA GASTELUM ADAN ANTONIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23083	LARA SAENZ JONAS GARIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23084	NUÑEZ DELGADILLO JESUS ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23085	SERRANO LOPEZ CESAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23086	REGALADO MARTINEZ JESSICA DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23087	ZAVALA SANCHEZ CARLOS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23088	LOPEZ SARMIENTO MARCO JULIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23089	DE LA ROCHA CHACON YESLY YADSIRI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23090	SALGADO HORCASITAS SOFIA DEL CARMEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23091	MONARREZ ZUÑIGA ITZEL GERALDINEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23092	VALLES ENRIQUEZ ALAN OMAR	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23093	ROCHA SOTO DAVID ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23094	GONZALEZ SANCHEZ YANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23095	MONCADA LOPEZ MEIBOL RUBI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23096	VALENCIA RODRIGUEZ AXEL GABRIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23097	PICHARRA NUÑEZ DAVID JAIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23098	TIRIPITI GOMEZ YUVIANY GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23099	SANCHEZ PEÑA CARLOS YAHIR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23100	MORENO PORTILLO ZAYRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23101	GONZALEZ DURAN IVAN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23102	CASTILLO OCHOA JUAN HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23103	DUARTE PEREZ FATIMA MONSERRATH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23104	MORALES SALAZAR GUADALUPE DE JESUS	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23105	LOYA RODARTE ANDREA ARACELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23106	HERNANDEZ VELAZQUEZ ANA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23107	GONZALEZ HIDALGO LUIS JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23108	GUTIERREZ ENRIQUEZ ABIDALY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23109	RAMOS CASTILLO PERLA GERALDINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23110	PALMA HERNANDEZ ESTEBAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23111	ANGULO ROJAS ANTONIO	39	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23112	ENRIQUEZ CASTILLO DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23113	TREVIZO SAENZ KATHERINE AYLIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23114	TUFIÑO AVILA JOSE EMMANUEL	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23115	HEREDIA AVITIA VALERIA KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23116	PORTILLO HERNANDEZ JESUS RICARDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23117	RIVERA FLORES MAURICIO HUMBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23118	FLORES CHAVEZ VALERIA MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23119	LUNA SANCHEZ KEYLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23120	DESTINOBLES HERNANDEZ ANDRE GERALD	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23121	VALENZUELA ANDREW KARLA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23122	GOMEZ VIRAMONTES SONIA ELIZABETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23123	SANCHEZ HERRERA DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23124	NUÑEZ AGUILAR RENE SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23125	GARCIA VILLEGAS XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23126	ROBLEDO JUAREZ ANDREA VIANNEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23127	GARCIA AGUILAR NAOMI JATZIRHY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23128	FARFAN SAAVEDRA HECTOR ENRIQUE	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23129	ROSALES ROMERO ALBERTO ALAN	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23130	MOLINA DUARTE LUIS JOSE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23131	BELTRAN VILLA CINTHIA CORINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23132	TOVAR SERRANO ZERETH ARALE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23133	ALDAZ GOMEZ CESAR ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23134	RICO ACOSTA TERESA YOLANDA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23135	RODRIGUEZ OSUNA DANNA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23136	DOMINGUEZ CONTRERAS JESUS ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23137	VELAZQUEZ CHAVARRIA EVELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23138	PACHECO MELENDEZ OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23139	OVALLE REYNOSO DIEGO JASSIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23140	HOLGUIN GUTIERREZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23141	ALLENDE ROBLES ROCIO MICHELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23142	JUANEZ BASURTO RICARDO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23143	ALVARADO PEÑA JUAN CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23144	DICK PICASSO JENNY GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23145	MARTINEZ BONILLA JOSHUA ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23146	HERNANDEZ GARCIA NATALIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23147	TORRES MARTINEZ EDMUNDO DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23148	GAONA NAJERA JESSICA RUBI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23149	ANTILLON ZAPATA LESLIE DAIREN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23150	ENRIQUEZ PALMA JAQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23151	SANTOS GALLEGOS DANIA MARLENNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23152	GABALDON PIÑA EDWARD	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23153	SALMERON DIAZ ANEL GALILEA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23154	VAZQUEZ DELGADO DENISSE ARELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23155	MORIEL HERNANDEZ PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23156	PIZAÑA MERINO NATALIA DANIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23157	ARMENDARIZ SOTO HECTOR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23158	CHAVEZ LOPEZ LUZ AYDEE	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23159	DOMINGUEZ DOMINGUEZ OSCAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23160	CASTILLO VEGA JESUS GUADALUPE	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23161	SANCHEZ RAMIREZ GERARDO ULISES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23162	COSSIO ACOSTA ANDRES	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23163	RAMIREZ RUIZ EDITH JESSENIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23164	QUINTANA DOMINGUEZ ALAN OCTAVIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23165	GALVEZ AGUIRRE RODRIGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23166	VILLAGRAN ROCHA HUGO ADRIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23167	GALLEGOS GARCIA JOHANNA ISABELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23168	VALENZUELA NUÑEZ SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23169	NAVARRETE HEREDIA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23170	CALDERON IRACHETA MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23171	OLIVAS LARA JOSE ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23172	CARRILLO PAYAN ADRIAN ANTONIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23173	ENRIQUEZ MARQUEZ HERVEY RODRIGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23174	RIVERA RIVAS MARISOL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23175	RENTERIA BALBUENA GIOVANNI ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23176	RODRIGUEZ VARELA CRISTOPHER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23177	PRIETO AVILES KAREN DESIREE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23178	ORTEGA HINOJOSA DAVID SALVADOR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23179	QUIÑONEZ SANCHEZ SALMA NICOLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23180	ALVARADO SILVA JESUS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23181	ANDRADE PADILLA GABRIELA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23182	RENTERIA VALDIVIEZO ESTEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23183	ORTEGA TORRES BRIGUETH	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23184	ROMERO FLORES DIANA ESTEFANIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23185	GARCIA DOMINGUEZ ANNIE ELIZABETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23186	LEON TORRES JOSE ANGEL	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23187	ALVAREZ GUERRERO LUISA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23188	ARROYO MORENO ANGELA IVET	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23189	SAENZ ROMERO JOSE MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23190	FLORES GUILLEN JENIFER ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23191	ALVIDREZ RODRIGUEZ DANIELA MICHEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23192	LOERA MONTOYA RICARDO RAFAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23193	LUNA SANTANA KIARA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23194	GARCIA GARCIA RUBEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23195	OLIVAS RASCON HECTOR LUIS	39	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23196	OLIVAS PEREZ ANGEL ADRIAN	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23197	MUÑOZ SANTANA DENZEL ALEXANDER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23198	RIVERA ALVARADO DIEGO ORLANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23199	SIERRA LOM DANA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23200	RODRIGUEZ TINTORI MELANIE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23201	ESPINOZA GALLARDO LUIS CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23202	LEYVA GUEVARA RAFAEL EDGARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23203	GUZMAN RIVERA ELIZABETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23204	RODRIGUEZ PRIETO LITZEL ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23205	RUIZ AGUIRRE ALEXIS ANTONIO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23206	ARMENDARIZ LOPEZ SAUL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23207	RIVERA TERRAZAS YATHZYRY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23208	MARQUEZ TORRES SALVADOR EMMANUEL	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23209	DURAN MARQUEZ CRISTIAN ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23210	ORTEGA RIOS SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23211	RASCON AVILA ARIADNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23212	CHAVEZ RODRIGUEZ IVONNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23213	HOLGUIN GONZALEZ ERIK ABRAHAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23214	CARREON HERNANDEZ ISSAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23215	LOPEZ VALENZUELA KAMEL ARTHURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23216	CHAVEZ VAZQUEZ ADAIA EVELIN	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23217	HERNANDEZ GUTIERREZ ESTEFANIA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23218	VALENZUELA . VIVIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23219	VILLALOBOS SAHAGUN MICHAEL ABDEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23220	RAMOS LOPEZ IRVING MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23221	ACOSTA MATA MAYA IDALY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23222	CAMACHO GOMEZ JUAN JOSE	53	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23223	PORRAS TORRES JAIME	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23224	BETANCOURT CASTAÑEDA JUDITH ESTELA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23225	BENITEZ ESCALANTE BRAYAN GUADALUPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23226	PRIETO MENDOZA JESLY HAYDELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23227	CORONADO MARTINEZ DANNA PAULA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23228	CASTRO HERNANDEZ CARLA SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23229	GONZALEZ LOERA MICHEL ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23230	GARCIA BORUNDA CRISTINA IVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23231	RODRIGUEZ AMPARAN CARLOS ERNESTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23232	GOMEZ SANCHEZ DANIELA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23233	GARCIA DOMINGUEZ ITZEL PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23234	VIZCARRA CANO ROMAN ARON	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23235	CHACON COLORADO ZUCELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23236	VERDUGO CASTRO JONATHAN ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23237	ORTEGA CHAPARRO ARIATNA ALEXAI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23238	FLORES GARDEA DANIEL CONRADO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23239	MENCHACA RODRIGUEZ OLIVER YAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23240	SALAS LOPEZ DE LARA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23241	CARRASCO GARFIO LUIS SANTIAGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23242	VAZQUEZ LECHUGA LESLIE NALLELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23243	SAUCEDA ORTIZ SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23244	HERNANDEZ MERGIL ALEJANDRO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23245	RUIZ RAMOS KEVIN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23246	GOMEZ PEREZ DANIELA CASSANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23247	TALAMANTES GINER DIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23248	MORALES MARTINEZ BRYAN KARIMM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23249	MARTINEZ CANO AMERICA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23250	MUÑOZ ROJAS ERIK GIOVANNI	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23251	GONZALEZ VARGAS WENDY VIANEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23252	DOMINGUEZ AHUMADA LIZETH PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23253	ROSAS MARTINEZ DANIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23254	MARTINEZ PRIEGO DANA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23255	MALDONADO GONZALEZ MARIA JOSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23256	MONGE CABRERA JESUS ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23257	MUÑOZ GUZMAN ISIS HADIT	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23258	JUAREZ RODRIGUEZ SANTIAGO ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23259	SOLIS GRADO PALOMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23260	MENDEZ DE LOS SANTOS ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23261	GREGORIO MARCOS ASUNCION	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23262	MARTINEZ GARCIA LUIS ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23263	GUTIERREZ QUIÑONEZ JOSEFINA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23264	RASCON ENRIQUEZ NANCY PRISCILA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23265	ROJAS ROBLEDO HECTOR GABRIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23266	PLASCENCIA CEDILLO FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23267	MARTINEZ OLVERA CASANDRA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23268	ZAPATA CHUCA ISAURA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23269	CONTRERAS ESPINOZA LUIS ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23270	TREVIZO HERRERA LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23271	MARTINEZ TORRES HANNIA BELEM	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23272	PINEDA OLIVAS NUBIA IVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23273	CHAVEZ MERAZ HECTOR ISRAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23274	CORONADO SANTOS ANDREE VALERIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23275	MOLINA RODRIGUEZ JOSE EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23276	RUIZ MEZA JOSE DANIEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23277	ALVARADO ONTIVEROS DARWIN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23278	ORTIZ ORTIZ SERGIO DANIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23279	LOPEZ PEÑA KEVIN IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23280	LOYA HERNANDEZ ALMA CASSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23281	CALDERON CAMACHO CLAUDIA VERONICA	47	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23282	AVITIA AGUIRRE ANA VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23283	MILLER MENDOZA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23284	MARTINEZ CHAVEZ ANDREA MAYTRELLI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23285	ARMENTA MONTES AZAEL FABIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23286	BANDA ALVARADO NAYDELIN MARLENNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23287	CAZARES ROACHO JANETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23288	QUIROZ HERNANDEZ ISABEL FERNANDA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23289	ROSALES CHAVEZ PERLA JOSELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23290	GOMEZ GONZALEZ KEVIN RENE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23291	MARTINEZ . JESUS TADEO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23292	ORDOÑEZ RODRIGUEZ JAQUELINNE VIRIDIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23293	GOMEZ HERNANDEZ LESLIE ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23294	NEGRETE LOPEZ JESUS HILARIO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23295	CORELLA RODRIGUEZ JESUS JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23296	GOMEZ ZAMORA ALEXIS ENRIQUE	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23297	HERNANDEZ SANCHEZ CYNTHIA FABIOLA	34	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23298	SANCHEZ GARCIA ISIS LILIANA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23299	AVILA SIGALA MARTHA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23300	LOPEZ FLORES ROMAN DE JESUS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23301	MEDRANO RASCON BRISSA GISEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23302	GONZALEZ MUÑIZ EVELYN YAMILETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23303	PEREZ BARRERA KAREN PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23304	CORRALES CARRILLO JESUS CAMILO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23305	CEBALLOS CANO YAHIR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23306	APODACA CENICEROS GRETEL PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23307	DIAZ COVARRUBIAS KEVIN	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23308	OLAVE FLORES AXEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23309	CADENA ORTEGA SANDRA	34	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23310	GUTIERREZ DIAZ DE LEON ELISA ANDREA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23311	RODRIGUEZ LOPEZ KAREN MARIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23312	CONTRERAS GAMBOA JUAN URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23313	NUÑEZ CORTEZ OSCAR ISMAEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23314	VAZQUEZ GARCIA CINTHIA ANGELICA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23315	MONDRAGON HERNANDEZ CARLOS ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23316	HINOJOSA CERON ANA LAURA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23317	AYALA ROJAS JORGE LUIS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23318	DOMINGUEZ CHAVEZ ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23319	ALMANZA CERVANTES RUTH VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23320	BUSTILLOS RAMOS CINTHIA YUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23321	GARCIA TALAMANTES HEIDY YOSELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23322	NAJERA . JAZMIN ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23323	MORENO VEGA KEVIN ALEJANDRO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23324	BARRIOS AMBRIZ JESUS ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23325	ESPARZA SANTOYO HEIDY ALEJANDRA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23326	NAVA GONZALEZ MARIA CONCEPCION	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23327	SANDOVAL RUIZ DENISSE RUBI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23328	MONTES CHAVEZ RENE	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23329	SOTO SANCHEZ LITZI ISABEL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23330	FIGUEROA LOYA CESAR ADRIAN	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23331	PAYAN VEGA LIZETH PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23332	LECHUGA GUTIERREZ JOEL ABRAHAM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23333	MAIER CASTAÑEDA DIANA SOFIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23334	PONCE SOTO FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23335	RODRIGUEZ CARDENAS NICOLAS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23336	OLIVAS GARCIA LUIS MAXIMILIANO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23337	CONTRERAS MARQUEZ OLGA LARISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23338	HERNANDEZ PEREZ HACIEL RAMIRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23339	SANCHEZ TORRES MARIA ABIGAIL	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23340	HURTADO AGUIRRE ANDREA RENEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23341	GONZALEZ NAJERA JUANA IRASEMA	40	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23342	MARTINEZ MARTINEZ ALANE MARIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23343	HINOJOS LOPEZ KENIA DENISSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23344	MONTES CHAVEZ AYLEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23345	VILLEZCAS MENA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23346	ALVARADO BARRERA ALFONSO FELIPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23347	LOPEZ CONTRERAS SAUL ALEJANDRO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23348	FERNANDEZ BURCIAGA ERICK ALEJANDRO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23349	OLMOS DE LA CRUZ JESUS FAUSTINO	61	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23350	VAZQUEZ ENRIQUEZ DIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23351	HERRERA OCON ALONDRA PRISCILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23352	MARIN RAMIREZ JUAN GERARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23353	CAMPOS FLORES ANA ISABELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23354	ORDAZ ROBLEDO DANIEL PASCUAL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23355	SANTIESTEBAN MARQUEZ ALAN DANIEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23356	ESPARZA GARCIA ESTEFANIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23357	ROMERO SANCHEZ CARLOS ISRAEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23358	BRIANO VARGAS BRIAN ARIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23359	CHAVEZ ACEVEDO CAROL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23360	LOZANO ZAMARRON YADIR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23361	GOMEZ VILLALOBOS JOHANN DAVID	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23362	VILLARREAL ALONSO BRANDON CALEB	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23363	GURROLA RAMIREZ RUBI ESMERALDA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23364	TARIN CRUZ SERGIO ALEJANDRO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23365	GUILLEN ALDAZ JOSE GUADALUPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23366	CONTRERAS PERCHES NARDA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23367	PEREZ PORRAS JUAN CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23368	VAZQUEZ CORREA JUAN LUIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23369	HERNANDEZ CONTRERAS JOSE ANDRES	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23370	CHAVIRA RECOBOS VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23371	TORRES VAZQUEZ BRITANNY JACQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23372	RUIZ CHAVEZ GIOVANNA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23373	ZARRASOLA CARDIEL MISAEL ESTEBAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23374	ACOSTA RASCON MARIA FERNANDA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23375	JAQUEZ CARRILLO LIDIA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23376	CHAVEZ QUINTANA REYNA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23377	SIFUENTES TORRES GILBERTO	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23378	ARZAGA LOPEZ CARMEN LEIKIU	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23379	FERNANDEZ SALAZAR EMILY FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23380	LUNA BUENO SALVADOR EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23381	ESCARCEGA ARZOLA JASON IVAN	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23382	RODRIGUEZ IBARRA ATZIRY VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23383	GRANADOS CASTAÑEDA ISIS IVANELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23384	LEYVA CHAVEZ KARLA VIANNEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23385	RODRIGUEZ MENDOZA ELIAN GABRIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23386	SILVA BARAJAS MA LORENA	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23387	BELTRAN ALMEIDA PATRICIA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23388	BASTIDOS BACA DAMARYS	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23389	ROSAS CHOLULA SERGIO	46	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23390	GRANADA RINCON NORBEY	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23391	CONTRERAS MEDRANO FELIX DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23392	RAMIREZ JUAREZ DEYSY ELIZABETH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23393	ONTIVEROS BARAJAS GABRIEL GUADALUPE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23394	GARCIA LARA ROBERTO ANGEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23395	IBARRA HERRERA JUAN PABLO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23396	BEJARANO FUENTES GUADALUPE YOSSELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23397	CARDENAS ROBLES CARLOS SALVADOR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23398	SALAS VAZQUEZ JOSE MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23399	FERNANDEZ MEZA GUSTAVO ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23400	CHAVEZ NEVAREZ JAIME ALBERTO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23401	FRANCO LUJAN ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23402	ORTIZ MARMOLEJO MARIO ELOY	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23403	LOZANO HERNANDEZ REYNA MARIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23404	SANCHEZ HERNANDEZ FERNANDO OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23405	PROSPERO OGAZ ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23406	POVEDA CAMPUZANO PRISCILA PAOLA	42	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23407	ROCHA GONZALEZ JOSE FRANCISCO DE PAULA	54	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23408	RODRIGUEZ GUERRA RAUL FERNANDO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23409	ESCALANTE DIAZ YAENA YULENI	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23410	ARREDONDO BUSTILLOS ALEXANDRA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23411	MUÑOZ MARIN BRYAN DAVID	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23412	FRANCO SANCHEZ JESUS	59	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23413	DE LA CRUZ TORRES TLACAELEL	36	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23414	ROJAS GONZALEZ ELI QUETZAL	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23415	CASTRO LOERA HECTOR EDGARDO	43	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23416	SOTO NAVARRO GRECIA PAOLA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23417	NAVARRO BENITEZ MANUEL ALBERTO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23418	RODRIGUEZ CARRILLO MARIA SHUGEY	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23419	GARCIA NIETO VICTOR MARTIN	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23420	CRUZ CHACON MILDRED ANDREINA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23421	GOMEZ FIGUEROA CESAR ALEJANDRO	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23422	CARRERA RAMIREZ DAYANA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23423	GONGORA ORANTES ISELA MAYBEL	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23424	CARDENAS PARUGUEZ OLGA DENISSE	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23425	FLORES TREVIZO PAULINA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23426	LIRA AGUIRRE FRANCISCO ANTONIO	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23427	CRUZ SALAIS ALVARO RENE	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23428	ALVAREZ SANCHEZ LUIS HECTOR	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23429	ESPINOSA MOMOX FRANCISCO JAVIER	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23430	ACOSTA GARAY LENIN PAVEL	34	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23431	BORREGO PEREZ MA. DEL CARMEN	43	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23432	PEREZ ORTEGON CARLOS ALBERTO	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23433	MURILLO MAESE ADRIANA ALICIA	45	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23434	LAGUNAS VELARDE GABRIELA MARISOL	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23435	HINOJOS CANCINO CARLOS AARON	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23436	QUIÑONEZ ALMANZA ARLETTE JOHANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23437	ROMERO LOPEZ ALBERTO ISAAC	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23438	MARTINEZ GUERRA SAHIRA NOHEMI	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23439	SANDOVAL LECHUGA ESTEBAN	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23440	ESPINO DICKENS ALBERTO ELOY	47	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23441	JORDAN MELENDEZ MIRNA ESPERANZA	38	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23442	VALDES CERVANTES LUIS IRAM	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23443	IBARRA ESPINO ARTEMIO	61	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23444	MUÑOZ DAMASCO ELIZABETH	34	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23445	MARTINEZ RABELO ILSE MARIA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23446	GOMEZ SANCHEZ ISAIAS	41	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23447	MEDRANO SOLIS HECTOR ALEJANDRO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23448	HERNANDEZ URBINA CESAR FRANCISCO	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23449	DELGADO ORTEGA CARLOS	55	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23450	HERNANDEZ CARBAJAL MARIA JOSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23451	REYES GARCIA GABRIELA VICTORIA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23452	BELTRAN RUIZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23453	QUEZADA MENDOZA ANA DOLORES	42	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23454	VEGA FLICK ROBERTO	38	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23455	RIVERA CHAVIRA MARTHA CECILIA	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23456	MENDOZA CABALLERO ISRRAEL	41	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23457	OJEDA ZARAZUA ESTEBAN HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23458	GAMBOA VALDES EVARISTO CUAUHTEMOC	34	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23459	HERNANDEZ BOJORQUEZ MARCO ANTONIO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23460	LECHUGA RIVERA KAREN AYLIN	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23461	POOT CALDERON SUSANA HIDALTI	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23462	MARTINEZ FERNANDEZ DAVID ALEJANDRO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23463	VAZQUEZ MONZON DIEGO JULIAN	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23464	CARO ORNELAS FERNANDA JAQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23465	CAZARES MARTINEZ SERGIO	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23466	SANCHEZ HOLGUIN HARIM ALEXIS	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23467	GARCIA ESPINOSA PATRICIO GUILLERMO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23468	GARCIA LOYA JESUS ALFONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23469	VALDEZ AINZA NICOLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23470	GRIJALVA COTA ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23471	SAUZAMEDA RAMIREZ LIZBETH JUDITH	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23472	GAMEROS SANDOVAL MELISSA IVETH	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23473	LOPEZ PILLADO IDALY ANGELICA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23474	ALMEIDA ESTRADA KAROL IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23475	ESPINO GARCIA ARELIZ	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23476	ENRIQUEZ VANCHAICK CARMEN ANGELICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23477	RODRIGUEZ CASTAÑEDA MAYRA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23478	CANO CASTRO OSCAR JEAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23479	OVALLE AGUIRRE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23480	RAMIREZ PLATERO MARIA JACQUELINE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23481	LAGUNAS MARQUEZ DANIEL HUMBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23482	HERNANDEZ MARTINEZ ERICK	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23483	BENAVIDES RASCON VANESSA ESTRELLA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23484	CHAVEZ TALAMANTES HECTOR ROGELIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23485	PINEDA MARTINEZ GERALDINE NAOMY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23486	DIAZ RIVERA AMBAR ANDREE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23487	DAVILA MUÑOZ ANA ALEJANDRA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23488	SIGALA MATA FERNANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23489	DE LA O LICON LESLIE CRISTINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23490	SALCIDO GARCIA DAYANA BELEM	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23491	GONZALEZ PARRA ALAN FERNANDO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23492	GARCIA DE SANTIAGO KAREN ARACELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23493	GOMEZ ANTONIO BRIAN SAMUEL	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23494	DERMA . JAZMIN ITZEL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23495	GONZALEZ SANCHEZ CAMILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23496	CAMUÑEZ RIOS FLOR TERESA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23497	MARTINEZ SANCHEZ GIOVANNA MARLENE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23498	AGUIRRE AGUIRRE JAQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23499	GUERRERO VAZQUEZ NAYDELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23500	FIMBRES HERNANDEZ WENDY NALLELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23501	LOO CASTILLO LILIA EDITH	52	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23502	MANJARREZ SINALOA CAROL DAYANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23503	ARELLANES LOPEZ ASHLY YUMIKO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23504	PEREZ SANCHEZ MARTIN OSVALDO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23505	MACIAS WEYMAN BRENDA ITZEL	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23506	PEREZ PEREZ YATZIRI ALEJANDRA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23507	GALINDO ZARATE KARLA POLET	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23508	AVITIA GOMEZ ISRAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23509	GONZALEZ LARA LUIS FELIPE	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23510	MERLIN GOMEZ YEILIN YEREMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23511	DIAZ SOLANO EMILIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23512	ESTRADA BLANCO RAUL EDUARDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23513	PAYAN SANSABAS JENNIFER IVETH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23514	MENDEZ LOPEZ MARIA DE GUADALUPE	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23515	FUENTES TINAJERO NATHALIA NAOMI	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23516	HERNANDEZ LATORRE ANDREA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23517	AZAMAR GONZALEZ LITZI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23518	LOPEZ PUENTE ALONDRA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23519	FLORES FLORES KEVYN EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23520	MADRIGAL ARAMBULA ZAYRA ARELY	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23521	DORADO ARELLANO WILLIAM URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23522	ARGUIJO MARTINEZ ISRAEL	50	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23523	ORTA GAMBOA WENDY DORELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23524	SOLORZANO CITALAN JUAN ANTONIO	35	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23525	MARTINEZ GARCIA GABRIEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23526	ARMIJO JUAREZ REYNA GUADALUPE	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23527	JIMENEZ PEÑA MARIELY CRISTINA	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23528	RODRIGUEZ AGUILAR ESTRELLA DEL ROCIO	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23529	JUAREZ RUIZ MARIA ISABELLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23530	GRANILLO DE LA ROCHA FRANCISCO JAVIER	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23531	NOVOA CHAPARRO EVER ALEXIS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23532	ORTEGA VALENZUELA PAULINA LIZBETH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23533	GARCIA FABELA ELI MANUEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23534	MOLINA ESQUIVEL WENDY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23535	MENDEZ QUIROZ DEYDA EMILYA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23536	MARIN REYES DALIA IVETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23537	GALLEGOS FUENTES MAURO ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23538	SANCHEZ DIAZ DAYANE ANGELICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23539	BENCOMO FERNANDEZ LAURA PALOMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23540	HERNANDEZ DEL CASTILLO MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23541	DIAZ ORTIZ JOSE GUSTAVO	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23542	GOVEA CIGARROA ALEJANDRA NATIVIDAD	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23543	MARTINEZ GAMEZ BRAYAN	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23544	RIVERO CABRAL RUBEN GENOVEVO	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23545	MENDOZA SCOTT DILAN RUBEN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23546	ONTIVEROS VALENZUELA ABRIL ADRIANA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23547	TINTORI ESTRADA ANDREA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23548	CORRAL ENCISO VICTORIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23549	PIÑA GARDUÑO KEVIN DANIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23550	OLIVAS LECHUGA ANGEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23551	CHAVIRA VAZQUEZ LIZBETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23552	DELGADO CARRILLO VIANCA CATALINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23553	CARO CHAVEZ YAHIR ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23554	GUTIERREZ CARMONA VALERIA ELISA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23555	DEL ANGEL FLORES ANA GISELLE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23556	MARTELL GUTIERREZ JENIFER PATRICIA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23557	DERMA OLIVER SAUL EDUARDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23558	CANO SANCHEZ ANGELICA JAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23559	LUCAS GARDEA LESLIE YULIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23560	SOTERO SOTO MONICA YAZMIN	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23561	MARQUEZ MARQUEZ MARIA GUADALUPE	37	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23562	MARQUEZ SOTELO DANYA ISELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23563	GARCIA MELENDEZ VANESSA RUBI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23564	BARRAZA VILLALOBOS ANGIE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23565	FRIAS SOTO EDUARDO HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23566	GAYTAN HERNANDEZ LUIS ENRIQUE	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23567	GONZALEZ GUTIERREZ KAHORY JACQUELINE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23568	COVARRUBIAS CHAVEZ ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23569	AREVALO ALMAZAN BRYAN HUMBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23570	GRAJEDA ACOSTA YAQUELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23571	GAMBOA ARZOLA NATASHA ISELA	51	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23572	RODRIGUEZ DOMINGUEZ LUIS ANGEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23573	GOMEZ ONTIVEROS ARGELIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23574	MARQUEZ LOPEZ CARLOS ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23575	ZAGASTA MEDINA ANNA ADILENNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23576	LOZANO DAVILA NELLY FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23577	RODRIGUEZ RAMIREZ JONATHAN ABDIEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23578	BANDA LUCIO IRVING ALONSO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23579	VIDACA GURROLA ASHLEY ABRIL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23580	PEREZ VALENZUELA DAMAHARIS ITZEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23581	CONTRERAS LEYVA NADIA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23582	CRUZ ALVAREZ RENATO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23583	HERNANDEZ HICKS VALERIA MONSERRAT	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23584	ORTIZ FERNANDEZ GUADALUPE	41	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23585	ACOSTA MARTINEZ JAVIER ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23586	LOPEZ ESPINOZA HILDA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23587	DURAN GAYTAN SERGIO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23588	VAZQUEZ ORTEGA STEPHANIE PAOLA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23589	TORRES MARTINEZ YANNYN SARAHÍ	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23590	SAENZ DURAN BRYAN RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23591	MARTINEZ GARCIA BLANCA PAOLA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23592	VELAZQUEZ GANDARA SHARENI CECILIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23593	DIAZ CHAVEZ JAIR ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23594	LIBORIO RIVERA ESTHER	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23595	CORONADO PORRAS ELY JACQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23596	JUAREZ LUJAN JOSE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23597	MORENO GARCIA EDLIN DAYANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23598	OLIVAS ACOSTA DIANA GIZELA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23599	QUINTANA GONZALEZ GLORIA EDITH	39	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23600	BALLESTEROS DIAZ JESUS EDUARDO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23601	CASTRO AMAYA NAIDELIN YAMILET	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23602	ESPARZA DERMA DENISSE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23603	REYES LARA ALMA LORENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23604	DOMINGUEZ GUERRERO KEVIN GONZALO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23605	GONZALEZ MOLINAR JOSUE FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23606	CHACON TOBALI FLOR VANESSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23607	BARRON AVILA RAUL JACOB	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23608	MONROY BAÑALES CLAUDIA ESTEFANY	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23609	FELIX ORTEGA KAREN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23610	VILLALOBOS RODRIGUEZ SILKIE IVANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23611	BUSTOS DE LA ROSA LILIANA	38	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23612	REYES OGAZ JOSE MARIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23613	NAJERA TRASVIÑA PAOLA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23614	BUSTAMANTE SOLIS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23615	MUÑOZ DE LA CRUZ VIANEY YOLANDA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23616	JUAREZ MOLINA JOSE ELIAS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23617	HERNANDEZ VALENZUELA ARY REYNALDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23618	CRUZ SANTOS JESUS MANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23619	NAVA . CYNTHIA ELOISA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23620	ESCUADERO MORENO MANUEL ABRAHAM	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23621	PICAZO MORALES YULITZA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23622	CABALLERO LECHUGA ELIZABETH	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23623	SUAREZ GONZALEZ DEBANHI ARELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23624	RODRIGUEZ RAMIREZ JAVIER EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23625	ZAVALA ZALDIVAR BEATRIZ	65	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23626	VEGA PACHECO DIANA VERONICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23627	SIERRA GUTIERREZ FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23628	HERNANDEZ MARQUEZ DIANA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23629	OLEA LEYVA LUIS ROSENDO	45	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23630	URBINA ANDRADE DOMINGO DANIEL	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23631	ALVAREZ SALAZAR MAGDIEL	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23632	ESTRADA DOMINGUEZ JONATHAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23633	MOLINA ARRONA JOAQUIN ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23634	ARENALES SALGADO MARIA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23635	PEREZ GUERRERO GABRIELA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23636	HERNANDEZ SALINAS MIRIAM ANGELICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23637	GONZALEZ SIERRA MARLENE ODISEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23638	ABBUD GONZALEZ GIBRAN ZURID	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23639	GARCIA RANGEL FRIDA ANAHI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23640	FIERRO FARFAN VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23641	RAMOS LOPEZ JEANETTE	48	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23642	BACA CARO DORA IBETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23643	GONZALEZ CANO VIANEY RUBI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23644	AYALA GARCIA MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23645	JUAREZ AGUIRRE TERESA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23646	ARANDA GARCIA SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23647	RUIZ GUTIERREZ ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23648	MORALES JAUREGUI MARITZY VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23649	DURAN VILLCA JUAN JOSE	33	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23650	TORRES GONZALEZ YASMIN FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23651	HERNANDEZ TATAY SILVIA ITZEL	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23652	MEDINA FRANCO MIGUEL ANGEL	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23653	LENDO SERRANO LUZ ALICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23654	RAMIREZ ZUÑIGA ROBERTO ABRAHAM	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23655	VEGA FONTES MANUEL ORLANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23656	NEVAREZ LOYA KEYLEN RENEE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23657	MEDINA FRANCO FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23658	TORRES RAMIREZ CAROL PAOLA	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23659	RIVAS MELENDEZ NALLELI ADRIANA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23660	CARRILLO BELTRAN ANDREA STEPHANIE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23661	CASILLAS MACIAS ROXANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23662	GONZALEZ MUÑOZ PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23663	GARCIA VENEGAS JOCELYNE	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23664	LOPEZ CHAVEZ CESAR ALEXANDER	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23665	MACIAS MORA ANGELO GIOVANY	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23666	GARCIA JIMENEZ FABIAN JASSIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23667	GONZALEZ MURILLO CINDY DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23668	RODRIGUEZ CHAVEZ YUSALET	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23669	PEREZ MONTES ITZEL GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23670	FLORES SANCHEZ GABRIEL EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23671	CARDENAS PEREZ DANIEL ALFREDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23672	REYES RODRIGUEZ RAUL ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23673	ORTEGA ACEVEDO ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23674	FLORES HERNANDEZ JOSE ALEJANDRO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23675	RIOS GONZALEZ MARIA CRISTINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23676	BONILLA CHAPARRO ALEXA YURIKO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23677	HERRERA MUÑOZ DAVID ISRAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23678	LOPEZ CARRILLO ERICK FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23679	CHAVEZ GARCIA RAUL IGNACIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23680	PEÑA PARRA STEFANY ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23681	ROBLES VARGAS SOFIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23682	FUENTES ZUBIATE JUAN CARLOS	43	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23683	AGUIRRE TERRONES JIUSETH VIRIDIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23684	CHACON SANSABAS KARLA JAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23685	ANGULO RAMIREZ PERLA STEPHANY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23686	LUEVANO PONCE RAUL ALI	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23687	PARRA SILVA DAVID ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23688	GUTIERREZ MARTINEZ MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23689	GUTIERREZ RUIZ DE LA PEÑA DIEGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23690	LUJAN PARRA PATRICIA IVETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23691	ZUBIA FLORES ADRIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23692	ARIAS TORRES JUAN CARLOS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23693	ESPINOZA ZEPEDA LUCELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23694	LOPEZ CHAVEZ FRANCISCO JAVIER	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23695	LUJAN ELIAS MAYTE KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23696	GONZALEZ GOMEZ JUAN URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23697	PLASCENCIA MINJAREZ LIZETH PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23698	PIÑUELAS PEREA KAREN AYLIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23699	DE LA CRUZ ECHEVESTE CRISTIAN ALEJANDRO	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23700	HERNANDEZ DIAZ HERIBERTO	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23701	VALLES TELLEZ JESUS HUMBERTO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23702	LICONA LOPEZ ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23703	ANDRADE GONZALEZ EMILIO ARTURO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23704	LUCERO GUEVARA JENNIFER LILIAN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23705	DUARTE NATIVIDAD JASON	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23706	ARMENDARIZ RODRIGUEZ ZAID ALFREDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23707	VASQUEZ OLIVAS JAQUELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23708	OROPEZA GUTIERREZ ANA YESENIA	46	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23709	LOPEZ JURADO ANGEL RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23710	RESENDIZ AZUARA EDUARDO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23711	GARNICA PADILLA ESTER NOEMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23712	GUZMAN RODRIGUEZ MARCO ANTONIO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23713	GUERRERO SALDIVAR ISAY	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23714	GAMEZ SALAZAR MARIO ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23715	VELAZCO ARIAS MARIA PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23716	CERVANTES FLORES EVELIN ANAHI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23717	DE LA O BAQUERA KARLA HORTENSIA	37	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23718	GALINDO MORALES JOSE GUADALUPE	54	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23719	DUARTE RIVERA MELANIE JULIETA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23720	POLANCO GONZALEZ JEISY ANAHI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23721	DUARTE MENDIAS REYNA WENDY	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23722	DOMINGUEZ HINOJOS BRIANDA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23723	JURADO LOYA SILVIA JAQUELINE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23724	HERNANDEZ AVILA LIZETH FABIOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23725	VALENZUELA PONCE MARIANA ARIT	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23726	LUGO MIRANDA DIANA AZENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23727	RUIZ LEIJA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23728	HERNANDEZ GUERRERO ROYAN ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23729	MELENDEZ GARDEA ABRAHAM ENRIQUE	40	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23730	EVORA CARAVEO ANGEL ONASIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23731	SANDOVAL NEVAREZ JOCELYN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23732	SCOTT ANCHONDO YEIMMI NOEMI	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23733	LIRA HERNANDEZ DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23734	DOMINGUEZ ARAGON MARCO ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23735	OLIVAS ANCHONDO SALVADOR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23736	LOPEZ GOMEZ NATALIA ROCIO	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23737	AGUIRRE ROCHA REYNA ARACELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23738	FRANCO HERNANDEZ GERMAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23739	GOMEZ AGUIRRE GAEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23740	MENDOZA IBARRA FERNANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23741	LOPEZ DELGADO YAHIR URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23742	VILLEZCAS CABALLERO MAXIMILIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23743	ROJAS PINEDA DAMIAN ANTONIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23744	HERNANDEZ VAZQUEZ JAVIER EDUARDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23745	NUÑEZ GOMEZ DARIA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23746	OROZCO RAMIREZ YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23747	VAZQUEZ ORTEGA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23748	HERNANDEZ DOMINGUEZ JESUS MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23749	HERNANDEZ GAYTAN CHRISTOPHER ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23750	OCHOA ALVARADO CARMEN ZULEMA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23751	PALACIO AGUIRRE CYNTHIA ANAHI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23752	ESPINOZA ESPARZA ALMA CRISTINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23753	VARGAS GARCIA EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23754	LEYVA SALGADO ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23755	OSIO ENRIQUEZ LUIS GABRIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23756	AVILA HOLGUIN JAVIER IVAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23757	SANTILLANES . SARAHÍ	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23758	MOLINA FLORES CONSUELO GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23759	YAÑEZ GUTIERREZ WENDY ALEXANDRA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23760	GONZALEZ GONZALEZ JOAN DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23761	NIEBLAS MONTOYA MIGUEL ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23762	BATISTA CHAVEZ MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23763	RIVAS DOMINGUEZ VANESSA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23764	REYES LOPEZ ALMA IVONNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23765	MARTINEZ LOPEZ JENNIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23766	DELVAL AGUIRRE JAIR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23767	AGUIRRE MORALES JESUS OBED	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23768	REYES ANCHONDO FRANCISCO ISAAC	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23769	VALENZUELA GONZALEZ NAHUM	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23770	MARTINEZ MOLINA MAYRA JUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23771	ORTEGA BACA GIOVANNA ANGELICA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23772	ANAYA ANTILLON JOSE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23773	RIVAS VELEZ SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23774	MONTAÑEZ BONILLA KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23775	MORENO POLANCO MARIA DE JESUS	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23776	SAMANIEGO PARADA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23777	PEREZ GASCA KARLA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23778	VIEZCAS BARRIO JORGE ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23779	FERNANDEZ OCHOA GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23780	DUARTE GUTIERREZ NORA LOURDES	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23781	CAUDILLO RIVERA CINTHYA PAOLA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23782	TERRAZAS OLIVAS SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23783	VAZQUEZ GUTIERREZ PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23784	DIAZ MEJIA MAURICIO ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23785	HERNANDEZ DELGADO LUIS JAVIER	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23786	ENRIQUEZ . MARIA IVONNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23787	GALDEANO RODRIGUEZ JESUS MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23788	GARCIA ORNELAS PAOLA ADILENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23789	CARRASCO CHAPARRO JOSAI ALAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23790	CORTEZ HERRERA LUIS ANTONIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23791	CATALAN HERNANDEZ ARACELI JOSEFINA	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23792	FERNANDEZ AGUIRRE SANDRA IVONNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23793	ORNELAS CORDOVA MAURICIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23794	BARRAZA MARTINEZ IVETTE	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23795	AGUILERA MIRELES ESTEFANIA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23796	ELIZALDE GUTIERREZ FERNANDA IRENE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23797	AGUIRRE CARDONA SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23798	CORONEL FIERRO BRENDA YAZMIN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23799	BUSTILLOS CHAPARRO JOSELYN PAMELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23800	MALDONADO MENDOZA RENNE ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23801	ACUÑA OLIVAS DALILA	48	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23802	ZAMBRANO CHAVARRIA HILDA JACQUELINE	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23803	ATILANO CARRILLO SONIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23804	GUILLEN GONZALEZ ANA YOLANDA	42	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23805	VARGAS AVILA EDGAR JAVIER	33	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23806	FLORES LECHUGA SANDRA	39	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23807	ACOSTA PIÑON JAIR OSWALDO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23808	PALACIOS RAMIREZ YESSICA YAMILETH	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23809	DIAZ DE LEON CHAVIRA JENNIFER	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23810	LUEVANO GONZALEZ MARIANA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23811	TORRES TAPIA MARIA TERESA	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23812	HERNANDEZ TOSTADO NANCY PATRICIA	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23813	SOLIS SANCHEZ LILIANA HAZEL	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23814	MONTOYA NAVA LUISA DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23815	TALAMANTES ALCANTAR ALAN YAHIR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23816	BORUNDA RAMOS MIGUEL ANGEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23817	RAMOS MIRANDA MONICA ARACELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23818	BETANCOURT VALLE MARGARITA	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23819	MIRAMONTES MANCINAS IKER SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23820	GARCIA VELASCO JORGE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23821	VILLEZCAS VENEGAS ILSE JAZMIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23822	CORTES VALENCIA MARTHA ISELA	49	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23823	JARAMILLO QUIRALTE MARIA DE LOURDES	52	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23824	ZAMORANO LOERA JOSE MIGUEL	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23825	PORTILLO CERECERES ANDREA OLIVIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23826	CRUZ ORTIZ ARTURO JAVIER	55	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23827	ACOSTA NORIS BLANCA CIPRIANA	51	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23828	MARISCAL DE LEON VICTOR DANTE	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23829	DOMINGUEZ NAJERA MARIO ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23830	CASTILLO DOMINGUEZ EMA	37	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23831	GARDUÑO GONZALEZ LAURA ISELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23832	CRUZ CRUZ SOCORRO ANGELICA	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23833	OCHOA LOPEZ ALEJANDRA	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23834	ARZOLA AGUIRRE KALID	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23835	BALDERAS ESTRADA SAUL ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23836	MORENO LUJAN BRENDA JAZMIN	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23837	FAVELA PEREZ ROBERTO	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23838	DIAZ BAEZA MELANIE ADAMARY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23839	RODRIGUEZ ALMAZAN CASSANDRA KAINDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23840	SANCHEZ RAMIREZ JESUS EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23841	CABRERA CERVANTES MICHEL YULIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23842	CALAHORRA VILLA ANGEL ADRIAN	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23843	PALLARES . ROBERTO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23844	GONZALEZ OCHOA VANIA ALONDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23845	OGAZ QUINTANA ANNIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23846	VALLES VILLAGOMEZ YAHIR ETZEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23847	ARAGON DANIEL ALAN SUSANA	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23848	GARDUÑO FLORES RAMSES ADOLFO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23849	SANTOS SIGALA DIANA MARLEN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23850	VERGARA TORRES JULIO CESAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23851	LARES RODRIGUEZ SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23852	GARCIA RODRIGUEZ JABETH	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23853	ALEGRIA PEREZ CARMEN	65	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23854	REYES FUENTES MAXIMILIANO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23855	RESENDIZ FERNANDEZ YASSENDY ARELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23856	CHAVEZ PEREZ ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23857	VAZQUEZ AVALOS ALEXA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23858	CHACON LOYA LUIS IVAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23859	ROACHO ONTIVEROS MARISELA	44	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23860	LOPEZ RAMIREZ PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23861	MENA ULLOA ERI ALEJANDRO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23862	PEINADO PEREZ FRANCISCO JAVIER	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23863	TARANGO MARTINEZ IVAN ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23864	GARCIA BEJAR JENCY KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23865	CADENA CONTRERAS CINTHYA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23866	RAMOS JASSO CARLOS ALEJANDRO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23867	RIVAS RODRIGUEZ IVAN ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23868	ANCHONDO GARCIA SEBASTIAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23869	MIRANDA ALVARADO KEN ANTHONY	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23870	RODRIGUEZ OCHOA RUTH AYDE	47	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23871	RASCON JIMENEZ YHARELY GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23872	GUTIERREZ SICAIROS BRENDA JULISSA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23873	LARA MADRID DANIELA BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23874	VAZQUEZ PACHECO MYRNA ELIZABETH	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23875	LOZANO OCHOA JESUS ERNESTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23876	MARTINEZ ESTUPIÑAN ANA LILIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23877	RIVAS MOLINA AARON HIRAM	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23878	LOPEZ DUARTE CLAUDIO RAMON	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23879	CHAVEZ MURILLO YANAHI CASSANDRA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23880	GRAJEDA RAMIREZ BEATRIZ AGUSTINA	43	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23881	MONCAYO VALLES DULCE MARIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23882	SALAS GONZALEZ FELIPE DE JESUS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23883	CERVANTES FERNANDEZ MARIA GUADALUPE	36	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23884	MEDINA CONTRERAS MARIA ELENA	45	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23885	AGUILERA TAPIA SAMANTA MARIAN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23886	CHICO RESENDIZ BEATRIZ VIRIDIANA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23887	PEREZ VALERIANO PALOMA VICTORIA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23888	GARCIA RODRIGUEZ OSCAR	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23889	AYALA ESPARZA SAILY PAULINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23890	VALENZUELA SOLIS EMILIA DANIELA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23891	MARTINEZ RAMIREZ LUCELY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23892	RODRIGUEZ LOZANO DAZNY PAMELA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS
Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23893	VILLA QUEZADA RODOLFO ELZANET	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23894	PARRA VILLALOBOS HECTOR SILVINO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23895	JURADO OLIVAS DANIA YARI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23896	GUEVARA MORENO NANCY JOCELYN	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23897	MURILLO CAMPOS YESICA RENEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23898	RAMOS PADILLA FERNANDA PATRICIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23899	PIÑA DURAN EVELIN JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23900	AVITIA PALMA AMERICA TAYLIM	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23901	VASQUEZ ROMERO REYNA MELISSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23902	CARRASCO RAMIREZ MARIO ALBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23903	ALVAREZ SALGADO YARELY ESTEFANY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23904	RENTERIA HINOJOSA JOSE ADRIAN	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23905	RUVALCABA GANDARA ENNY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23906	LOPEZ SIDAS LESLEY ADAMARY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23907	PAIZAN MOLINAR KEILA RAQUEL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23908	OROZCO MARIN ALMA LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23909	MORA LOPEZ RUFINO ALBERTO	44	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23910	FERREIRA XAVIER LUCAS VINICIUS	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23911	CHAVEZ GARCIA LUIS FERNANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23912	URANGA SANCHEZ UBER ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23913	SILVA PEREIRA ROBERT EMANNOEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23914	TOVAR TARANGO SERGIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23915	GONZALEZ HERNANDEZ CINTHIA NAOMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23916	GAETA BADILLO LAURA GABRIELA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23917	BAEZ MEXIA ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23918	ARAGON RODELA MAHATMA SINAI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23919	ESCUDERO TORRES MARIELA MICOL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23920	CARLON JUAREZ DIANA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23921	MARTINEZ REYES WENDY DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23922	VILLAGRAN VAZQUEZ FERNANDA CECILIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23923	SANCHEZ CALLEROS MIGUEL ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23924	PEREZ VILLARREAL RAYZA NATALYA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23925	MUÑOZ RAMOS ITZEL GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23926	MELERO MORALES MORAIMA	40	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23927	SANCHEZ ASCENCIO LUIS FELIPE	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23928	RODRIGUEZ NOGAL AMPARO	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23929	ALCALA CHAVIRA ALEXIA AZUCENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23930	FRANCO DOMINGUEZ ERICK RAUL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23931	MARTINEZ ROMERO JAVIER HECTOR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23932	LECHUGA CONTRERAS RAUL RICARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23933	DOMINGUEZ ENRIQUEZ BLANCA ISABEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23934	RODRIGUEZ BRAVO KEIRY JOHANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23935	GUERRERO RUIZ ERICK SAUL	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23936	MARTINEZ MARQUEZ ISAAC EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23937	CHAVEZ AVILA CLAUDIA YADHIRA	46	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23938	RAMOS RUIZ ABISH NAOMI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23939	MEDINA IBARRA LUIS MANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23940	PACHECO PEREZ DANIEL EMILIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23941	GARCIA VILLA BENJAMIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23942	OLVERA MARTINEZ CARLOS DAVID	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23943	CHAVEZ MIRAMONTES LUIS ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23944	VALDEZ TORRES KARLA IVONNE	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23945	CASTILLO ORDOÑEZ YAMILETH SELENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23946	VELO BARROSO DEYBED STEVEN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23947	TERRAZAS MAGALLANES YAJAIRA YEDID	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23948	ALVARADO LUNA VALERIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23949	MATA HOLGUIN ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23950	BARRIGA CHAVIRA SOPHIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23951	MORRIS AGUIRRE ADRIAN MAURICIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23952	MARTINEZ HERNANDEZ EDGAR ARGENIS	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23953	LEON DE LA LUZ JOSE DAVID	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23954	PEREZ SOTELO EDGARDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23955	RODRIGUEZ MANQUERO ALMA ZULEMA	48	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23956	DE LA ROSA MANJARREZ JOSHUA RODRIGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23957	COBOS CARDENAS ASHLEY PALOMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23958	FONTES . MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23959	DIAZ CEBALLOS FIDEL ARTEMIO	36	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23960	VARGAS GARAYZAR ANA ESTHER	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23961	MONRREAL DIAZ KINAM ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23962	HERNANDEZ . LUCIA ADRIANA	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23963	YONG ARREDONDO JORGE MIGUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23964	PAYAN MENDEZ PAULINA ALEJANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
23965	GARCIA FLORES ARATH GEOVANNY	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23966	MENDOZA GUERRA CINDY GUADALUPE	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23967	LOZANO HERNANDEZ MARA JAQUELINE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23968	SOSA SANTOS MARCO ANTONIO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23969	MEZA SALAS RICARDO ANTONIO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23970	ESCOBEDO HERNANDEZ ARLET	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23971	RIVERA SERRANO AMERICA JULISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23972	MIRELES MIRELES ISRAEL	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23973	ARRIETA JARAMILLO EUNICE OLIVIA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23974	MERAZ ANGUIANO MARIO EDGAR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23975	MARIN RIVERA ALEJANDRO ITAMAR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23976	LICON ADAME JUAN LUIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23977	ACOSTA CRUZ JOAN MARTIN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23978	VILLEGAS MERINO YEIMY GABRIELA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23979	CHAVEZ LEYVA CARLOS ALBERTO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23980	HERMOSILLO IBARRA MANUEL GERARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23981	TERRONES MORALES VANESSA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23982	VALDEZ VALVERDE ERIKA DENISSE	34	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
23983	MAYNEZ PRIETO JORGE EDUARDO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23984	ROJAS MUÑOZ FABIOLA	34	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23985	FRAIRE HERNANDEZ GRACIELA AIDEE	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23986	ZAMORA RUIZ ZAIRA JOCABED	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23987	LUEVANO DELGADO ALBERTO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23988	MARTINEZ GONZALEZ IGNACIO	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23989	RODRIGUEZ SIBAJA JESUS IGNACIO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23990	DEL RIO RODRIGUEZ ANA CAROLINA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23991	DESILOS CARRIZALES GABINO	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23992	IBARRA MARTINEZ ABRIL	43	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23993	ESCUDERO MORENO LUIS RAUL	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23994	COTA VARELA ANA LAURA	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23995	RAMIREZ RODRIGUEZ IMELDA YARELY	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23996	ROMO SILVA PRISCILA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23997	GARCIA LUJAN DAYSSY MORAYMA	25	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23998	QUIROZ SANCHEZ ANA LAURA	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
23999	PRIMERO VALENZUELA ALLITZEL ANGELICA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24000	ALANIZ ESPARZA JAIME ANTONIO	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24001	HERNANDEZ ELIZARRARAZ JENNIFER ALEJANDRA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24002	PORTILLO ROMERO JORGE	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24003	REZA SOLIS HECTOR ALEJANDRO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24004	TRASVIÑA VALENZUELA GABRIEL ALBERTO	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24005	TERRAZAS PRIETO JOSE ALEJANDRO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24006	RIVERA GAMBOA EVELYN	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24007	ARANA RODRIGUEZ DAVID EMILIO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24008	HOLGUIN RODRIGUEZ KAREN STEPHANIE	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24009	LUJAN ACOSTA CINTHYA	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24010	RAMIREZ RODRIGUEZ KARLA IVON	35	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24011	CARRILLO MORALES JESUS ENRIQUE	40	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24012	GOMEZ PEREZ ANA ELENA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24013	CEBALLOS CARRILLO JESUS ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24014	MONTUFAR BECERRA ARELI TRINIDAD	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24015	ROSAS SALINAS JORGE ARTURO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24016	PULIDO DERAS SARETH	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24017	CAMPOYA RASCON ANAHI CRISTINA	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24018	HERNANDEZ RAMOS MAURICIO	48	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24019	AVALOS TREJO OMAR ADRIAN	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24020	LIMON USCANGA IVAN OMAR	34	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24021	RIVERA SAINZ VICTOR	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24022	MARTINEZ MORENO ALMA SARAHÍ	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24023	PIMENTEL PEREZ DIANA CONCEPCION	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24024	RUBIO PALACIOS CINTHIA KARINA	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24025	PORTILLO AGUIRRE ANA GABRIELA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24026	CORNEJO AMAVIZCA ALAN	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24027	MARTINEZ LOZANO CESAR OMAR	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24028	CANELA ALARCON ANEL ESTEFANIA	27	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24029	JAUREGUI BEOVIDE RUBEN IGNACIO	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24030	PARRA PEÑA YAZMIN ROCIO	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24031	PEDREGON FLORES FERNANDO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24032	TAPIA RAMIREZ RAMON IVAN	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24033	GARCIA GUZMAN JULIO CESAR	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24034	CHAVEZ TARANGO MANUEL EDUARDO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24035	LUGO PACHECO CANDIDO EDEN	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24036	ALONSO GOMEZ SANDRA EDITH	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24037	MORENO LOPEZ MARIA FERNANDA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24038	HERNANDEZ AHUMADA MARIO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24039	DIAZ PADILLA ANA KAREN	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24040	DOMINGUEZ TAVERA MARIANA MADAI	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24041	SANCHEZ CASTILLO MARIANA	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24042	PELAYO GARZA JAIME	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24043	VALADEZ PADILLA EFRAIN	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24044	GUTIERREZ GOMEZ ROBERTO	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24045	ZAVALA CARDENAS MARIA FERNANDA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24046	VALDEZ CORREA IVAN GUILLERMO	38	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24047	RAMIREZ CELIS RENE FRANCISCO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24048	CARRILLO RIVERA LUZ ELENA	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24049	ZEBADUA RUBIN GEORGINA REBECA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24050	MONTOYA SOTO JOSE ISRAEL	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24051	MARTINEZ LUGO HECTOR JAVIER	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24052	MARTINEZ PEREA TANIA KRISTEL	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24053	REYNOSO DERMA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24054	OROZCO MEDINA AARON ENRIQUE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24055	ORONA MURIEL ROSARIO ESTEFANIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24056	CABRERA MERCADO FLAVIO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24057	LOPEZ TERRAZAS DULCE GISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24058	JAQUEZ LARRAÑAGA VIANNEY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24059	PADILLA PEREZ EDWIN ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24060	CONTRERAS LAZARO NANCY ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24061	RASCON SALAZAR KEITH ANAHI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24062	PEÑALOZA LUI MARIA DE JESUS	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24063	CHAPARRO LUCERO ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24064	GARCIA RIVERA TANIA	38	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24065	VARGAS FLORES FABRIZIO MARTIN	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24066	BACA OLIVAS NADIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24067	ONTIVEROS BERRUETO ANGEL ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24068	GUTIERREZ ORTIZ ANDREA MELISSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24069	VELAZQUEZ VALERIO FRIDA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24070	OCHOA CARRASCO HEBER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24071	SANDOVAL JURADO ITZEL ODALIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24072	HERRERA CHAVIRA CYNTHIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24073	MANTILLA . FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24074	RUIZ CERNA HORACIO	41	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24075	VAZQUEZ SANCHEZ DAISY GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24076	GONZALEZ GONZALEZ JATZIRY JOSELIN	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24077	MARIÑELARENA HERNANDEZ ROGELIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24078	MUÑOZ PARRA MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24079	VARELA . TERRAN WILLIAM	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24080	CHIMAL CORRALES MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24081	DURAN MARTINEZ FERNANDA GISELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24082	LUTZ ORTEGA GISELL MARINA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24083	PEÑA REY AIMEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24084	RODRIGUEZ RIVAS SERGIO ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24085	CAZARES PEREZ FERMIN	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24086	LUJAN GARCIA ALONDRA ISELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24087	ARGUELLES MARTINEZ KEVIN GERARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24088	SANDOVAL CANO JOSE MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24089	GONZALEZ HUERTA BENJAMIN	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24090	OJEDA DIAZ NADIA WENDOLY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24091	BOCANEGRA SMITH CHRISTIAN ERIVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24092	GAMBOA DAVILA KENIA ALEXA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24093	GUTIERREZ MORONES ANA LUISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24094	VILLALOBOS ROBLES JAIME YAIR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24095	RENTERIA CARO VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24096	SOTO RODRIGUEZ ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24097	MAGAÑA FUENTES VERONICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24098	FLORES SANDOVAL ANGELA CAMILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24099	LERMA AGUIRRE NADIA IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24100	TORRES TORRES ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24101	NAJERA GONZALEZ JESUS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24102	ZAMARRIPA FERNANDEZ JULISSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24103	AMARO ECHEVARRIA NAYELI ITZEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24104	SALCIDO VELARDE MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24105	ARREDONDO VILLAGRAN DANYA ALESSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24106	RAMOS RUIZ PABLO ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24107	SANCHEZ VALDEZ LUIS RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24108	GONZALEZ CHAVEZ ANA LUISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24109	RUIZ ALVAREZ ZENREEN ISAI	16	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24110	ORTEGA HERNANDEZ CARLOS ROBERTO	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24111	TORRES ARBALLO MARIANA ESTEFANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24112	PEÑA BARRAZA MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24113	GUTIERREZ VILLAGRANA ANDRES	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24114	HERRERA CASTRO ANDREA IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24115	SAENZ GARCIA FE REGINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24116	RODRIGUEZ ROBLES JAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24117	MUÑOZ MELENDEZ DIANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24118	NUÑEZ GUZMAN MARIANA SELENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24119	SOTELO DELGADO MARIAELENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24120	OLIVAS EVANGELISTA LUISA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24121	MENDOZA CHAVEZ ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24122	SANCHEZ MOLINA OSCAR ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24123	GONZALEZ PEREGRINO DAYANA NOHEMI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24124	VELAZQUEZ MONZON DANIELA IVANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24125	COBOS MONTOYA CARLOS EDUARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24126	AVILEZ FLORES JOSELIN ITZEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24127	DOMINGUEZ IZQUIERDO JOSE CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24128	DOMINGUEZ MATEOS LESLIE MADAI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24129	DORANTES PONCE LUIS FELIPE	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24130	AVALOS CAMPA EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24131	HERRERA FIERRO GAEL ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24132	ORTEGA VELA TRISTAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24133	VAZQUEZ HERRERA CHRISTIAN FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24134	CEBALLOS VAZQUEZ RUBI ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24135	DE LA O RODRIGUEZ FERNANDO ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24136	MARTINEZ CRUZ CARLOS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24137	AMBRIZ ORTIZ MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24138	VALENCIANA CAMPOS JENNIFER YARELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24139	QUINTANA CHAVEZ DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24140	ARCEO MARIÑELARENA SOFIA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24141	CANO ARZOLA CARMEN YADIRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24142	MONTOYA SOTELO MARIANA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24143	CHAPARRO MARQUEZ HECTOR IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24144	SALVADOR LOPEZ OMAR ALI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24145	RASCON MARTINEZ DENISSE GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24146	HOLGUIN CUEVAS HECTOR MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24147	TORRES REYES SANDRA DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24148	TONCHE MORALES FERNANDA LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24149	MENDOZA ESCARZAGA ERICK	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24150	COLORADO FARRERA WENDY LIZETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24151	ALVARADO HIDALGO FERNANDO ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24152	ALTAMIRANO JUAREZ FERNANDO AMAURY	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24153	ESPARZA SIAS BRENDA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24154	MICHEL MORALES ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24155	VAQUERA LOERA DARA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24156	RODRIGUEZ NAVA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24157	LOPEZ PARRA ASTRID VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24158	ARCINIEGA ENRIQUEZ IDALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24159	VALDIVIA DOMINGUEZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24160	CARREON LUNA ALBA ELIZABETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24161	RIVERA NORES BRYAN ALEXIS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24162	DOMINGUEZ GAYTAN KAROLINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24163	PORRAS MARTINEZ ANA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24164	ALVIDREZ DUARTE DIANA TERESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24165	LOMAS MONTES AYLIN TERESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24166	MEDINA RODALLEGAS ANGEL DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24167	VALDEZ RIOS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24168	TERAN SANCHEZ MARLENNE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24169	RAMOS LOZOYA MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24170	SANCHEZ ISLAS NESTOR YURI	57	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24171	HERNANDEZ GALINDO ANDRES	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24172	UREÑA GOMEZ ANGEL ALEJANDRO	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24173	ARVISU BELTRAN ESTHER YAMILETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24174	BUENO LOZOYA JOSE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24175	VILLALOBOS MEZA MARCOS JAZHIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24176	PARRA BARRERA VALERIE YATANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24177	IBARRA . VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24178	NEVAREZ LOPEZ SAMUEL OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24179	LOYA BALDERRAMA ALMA LETIAN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24180	RODRIGUEZ OLIVAS ITZEL AMMISADDAY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24181	ZAPIEN MORALES KEVIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24182	OSORNIO IBARRA DANIELA SINAY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24183	LOPEZ VERDUZCO NOEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24184	CHAVIRA PIÑON PRECIOSA RAQUEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24185	CRUCES OLIVAS JOHANNA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24186	RODRIGUEZ BUSTAMANTE JUAN ARTURO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24187	LEYVA FLORES ABIGAIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24188	HERNANDEZ QUEZADA RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24189	PEREZ BILBAO KEVIN EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24190	CARBAJAL VEGA VALERY ALEXA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24191	BALLESTEROS GOMEZ CELIA MIROSLAVA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24192	ANTILLON VARELA LAURA ANAHI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24193	MEZA ERIVES YAHAIRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24194	CORDERO MUÑOZ FATIMA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24195	PIÑON LARDIZABAL IRMA YOHANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24196	PACHECO OCHOA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24197	ARTALEJO OAXACA MARIANA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24198	ALVAREZ MENDOZA ITZEL JAELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24199	AGUIRRE PEREA ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24200	RIVAS ALVARADO SAHYRA GISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24201	RUIZ ORDUÑO ANDREA NAOMI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24202	RODRIGUEZ ESCOBAR GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24203	REYES SANCHEZ JULIO CESAR	36	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24204	REYNA RAMIREZ BRISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24205	ENRIQUEZ LOZOYA VALERIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24206	RODRIGUEZ TREJO ERICK ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24207	GONZALEZ HERRERA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24208	HACHA BACA ANNA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24209	BALDERAS MURILLO MELANIE PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24210	GAMEZ REZA PAULINA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24211	PADILLA PRIETO ZULAY BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24212	ARZOLA ARREDONDO PAULINA STEPHANIE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24213	LOZANO VAZQUEZ SABRINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24214	AGUIRRE CHAVEZ WENDY JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24215	VALENZUELA HOLGUIN SAMANTHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24216	SEGOVIA NEVAREZ ADRIAN ISAAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24217	AGUAYO CHAVEZ ERIC	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24218	RODRIGUEZ QUIROZ PAOLA BERENICE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24219	MARTINEZ ESTRADA LESLIE MICHELLE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24220	HERNANDEZ RIVERA CARLOS HUMBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24221	CORRAL MENDOZA NADIA IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24222	VEGAMONTES RAMOS YUSILETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24223	ROJO PARGA FATIMA ARACELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24224	DE LA ROSA QUIROZ MICHELLE DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24225	PANIAGUA CHACON INGRID IVANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24226	JARAMILLO JAIME JAZMIN VICTORIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24227	PORTILLO CASTAÑEDA AILIN JARETHZY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24228	VALDEZ MUELA JENNIFER CASSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24229	OSORIO ESCALONA JESUS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24230	DURAN BELTRAN RAMIRO EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24231	DUARTE ESTRADA YASMIN ALICIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24232	ARVIZO FRANCO JUAN ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24233	RAMIREZ SINECIO NATHALY YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24234	ROJAS CUEVAS ADRIANA GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24235	GONZALEZ ZAMBLE DIANA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24236	PADREÑAN RUIZ WENDY ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24237	VARELA CASTILLO JOSHUA	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24238	URUETA PORTILLO LISA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24239	MARTINEZ LICON LESLY POLET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24240	FLORES MORALES JONATHAN OWEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24241	CARREON MACHO LUIS ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24242	FRANCO VENEGAS EVELYN FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24243	VARGAS ESTRADA MARIANA ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24244	PEREZ MEDINA NATIVIDAD OSWALDO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24245	GONZALEZ DE LA PEÑA XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24246	HERRERA BARAJAS RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24247	NUÑEZ ALEMAN ANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24248	OLVERA LOPEZ PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24249	SAUCEDO VEGA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24250	GARIBAY RAMOS DIANA ZULEMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24251	BARRAZA HERRERA MARISOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24252	FRIAS RIOS OMAR EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24253	HOLGUIN HUERTA ANDREA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24254	ESCAREÑO ESCAPITA AIXEL YADHIRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24255	VEGA VILLARREAL ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24256	ROMO GARCIA VANESSA ANNET	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24257	MEDINA DURAN EMMANUEL DAVID	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24258	MENDEZ RODRIGUEZ ROSA ALMENDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24259	LARES BENAVENTE ANGEL ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24260	PARRA SOTO ANDREA CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24261	CAMACHO HERNANDEZ BRIAN ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24262	SALAS MONTES ARIADNA DANAE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24263	GARRIDO GRAJEDA ANDREA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24264	DIAZ ALARCON MERITXELL VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24265	VELDUCEA LEDEZMA MARIA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24266	HERRERA ALONSO FRANCISCO JAVIER	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24267	ZAMARRON DUARTE LAURA DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24268	RIVAS ROMERO RAUL OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24269	BOJORQUEZ PEREZ WENDY ALEXANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24270	RAMOS ORDOÑEZ DALAY ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24271	GONZALEZ RAMON SEBASTIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24272	PIÑON GAYTAN ANAHI LUCIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24273	CASTRO CASTILLO ARIANE ALEXA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24274	QUEZADA TREVIZO ROXANNE ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24275	CANO GONZALEZ OSCAR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24276	DE LA TORRE DELGADO JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24277	HERRERA ENRIQUEZ RACHEL BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24278	FIERRO CHAVEZ SEBASTIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24279	ENRIQUEZ AGUILAR LUIS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24280	MORITA SALGADO FERNANDA NAOMI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24281	MENDOZA LARA DARYENN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24282	MARTINEZ CHAVEZ LUIS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24283	OVALLE LEYVA NATHAN ISAI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24284	FERNANDEZ SOTO ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24285	GUERRERO ROBLES SANTIAGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24286	OLIVAS ANCHONDO DANIEL ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24287	MOTA MUÑOZ MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24288	DEL RIO VELAZQUEZ ESMERALDA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24289	OJEDA HERNANDEZ PAULA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24290	PAREDES ROCHA MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24291	SAENZ REYES VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24292	FLORES GONZALEZ ESTEFANIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24293	ACOSTA DELGADO JENNIFER JANETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24294	RIVERA SANCHEZ SANDRA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24295	JIMENEZ SALAS LIZBETH CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24296	GOMEZ GRANILLO REGINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24297	RICO CERVANTES INGRID SOPHYA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24298	PEREZ ACOSTA KAREN AZENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24299	MONTANA LARRAZOLO ALAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24300	DIAZ ALANIS YESSICA ROXANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24301	RODRIGUEZ LOYA JESUS MANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24302	CHAVEZ PADILLA LUIS XAVIER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24303	SANTOS ISLAS VANESSA GRISEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24304	SAMANO HERRERA ERNESTO DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24305	CABRERA AGUADO GUSTAVO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24306	MARQUEZ ALVAREZ DAYANA PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24307	ESPIÑO MARQUEZ ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24308	KONG ARGUELLES MARIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24309	GAMBOA SOTO EXON DAMIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24310	PEREA PEREZ NAOMY ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24311	CARRASCO GUTIERREZ VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24312	REYES GUILLEN DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24313	NUÑEZ OLIVAS JOSELYN YUNUE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24314	ORTIZ CABALLERO JONATHAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24315	PARRA CERA DAVID OMAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24316	LUNA OROZCO DANIELA MISHNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24317	MORENO CASTILLO FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24318	GARZA SANCHEZ ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24319	QUEZADA MARIN JOSE ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24320	DEL VAL ORQUIZ CECILIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24321	GUTIERREZ TALAMANTES JORGE ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24322	GUTIERREZ BUJANDA ANA LUCIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24323	ARVIZO PAYAN EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24324	GARCIA VELARDE RODOLFO FRANCISCO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24325	ALVARADO GARDEA ALICIA EVELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24326	MEDINA VIOLETA LESLIE YORDANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24327	NAJERA SALCIDO KAREN ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24328	LOPEZ MARMOLEJO JOSE RAMON	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24329	ESPARZA VARGAS LESLY ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24330	AMAYA CARDENAS IRMA JOCELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24331	IBARRA CHAVEZ CESAR ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24332	TORRES HURTADO NIDIA ARACELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24333	ORTIZ DE LEON KENIA PATRICIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24334	BURBOA SAENZ OLGA STEPHANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24335	CERVANTES GUTIERREZ KARIM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24336	CAMPOS MABRAGAÑIS FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24337	FERNANDEZ TABARDILLO OSCAR URIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24338	GARDEA VELO GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24339	ROMERO ESCUDERO TEXCED JOEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24340	OLIVAS REYNA MONICA CRISTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24341	RODRIGUEZ MACIAS ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24342	GARCIA MALDONADO CYNTHIA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24343	ALARCON GARCIA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24344	NAVA GONZALEZ KAREN XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24345	SOLANO RAMOS ROGELIO ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24346	SANCHEZ GAONA JONATHAN YOASAM	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24347	ACOSTA GARCIA CYNTHIA VERONICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24348	COMPEAN ESTRADA ERICK ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24349	PEDROZA CORDERO ALAN ARMANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24350	BALLESTEROS VILLANUEVA EVELIN DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24351	MANTILLA PIÑON NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24352	MIRANDA HERNANDEZ VICTORIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24353	OCHOA GOMEZ SANTIAGO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24354	DIMAS NUÑEZ ALICIA ISDIALI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24355	RUIZ VARELA VIRIDIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24356	DOMINGUEZ MARIÑELARENA MARIEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24357	CRUZ CARRASCO MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24358	GARCIA RIVERA EDGAR CALEB	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24359	SANDOVAL PRIETO MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24360	MARTINEZ FLORES DULCE VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24361	HERNANDEZ FLORES DAFNE MARIEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24362	MENDOZA PEREZ XIMENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24363	BUSTILLOS GARCIA ESTEFANIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24364	REYES JIMENEZ PERLA SONIA	50	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24365	LOPEZ CHAVEZ CYNTHIA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24366	ROMAN PEREGRINO VALERIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24367	CORRALES AVIÑA INGRID CELESTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24368	CHIQUITO AYALA SOFIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24369	TARIN RAMIREZ GABRIELA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24370	GUTIERREZ HERNANDEZ LUIS MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24371	ROSAS FIGUEROA ERIK IVAN	27	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24372	RASCON GARCIA ELVIA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24373	ESPINOZA CHAVIRA ASHLEY VANESSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24374	TORRES MARQUEZ KARLA GISELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24375	MUÑOZ MARTINEZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24376	GONZALEZ RAMIREZ CESAR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24377	TORRES AGUIRRE ERICK	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24378	ORTEGA MORALES FERNANDO ISAID	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24379	MAYNEZ RUIZ KARLA MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24380	GAMBOA MONTES XIMENA THAMARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24381	ALVARADO VARGAS MARCO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24382	VARELA VELOZ JONATHAN ANDRES	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24383	GARCIA CRUZ ISIS YANELL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24384	IRIGOYEN MAJALCA CASSANDRA NALLELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24385	ABREU HERNANDEZ LESLIE PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24386	REAL PAREDES ARIEL DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24387	PORTILLO PEREZ ANDREA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24388	ROJO NAVA LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24389	RIOS DOMINGUEZ KENIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24390	MOLINA HERNANDEZ AIDEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24391	ORNELAS MARTINEZ LUNA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24392	ALICANO HEREDIA DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24393	JUAREZ BUSTILLOS MAGDA GABRIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24394	PEREZ ALARCON ARIHANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24395	ALEMAN GONZALEZ EVELYN ARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24396	CARO BASURTO DULCE MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24397	MARIN BUSTILLOS RIGOBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24398	GONZALEZ MURILLO JESUS ALAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24399	GARCIA GONZALEZ KARELY JATZUMI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24400	GRAJEDA ACOSTA JESSICA GIOVANNA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24401	VILLAGRAN SANTANA KENIA MAYRENE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24402	ALVARADO GONZALEZ DAVID ABDALLAH	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24403	CASTILLO MELENDEZ CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24404	MURILLO BURGOS CEREZMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24405	NUÑEZ NAJERA MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24406	SALAZAR BALDERRAMA LUIS GIOVANNI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24407	BERNAL DOMINGUEZ ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24408	DICHI NUÑEZ KAROL FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24409	LOYA FLORES EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24410	MARQUEZ QUINTANA JENNIFER KASSANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24411	PAVIA MANCINAS DANIEL JARED	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24412	CRUZ . EMMANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24413	NAVA CASTRUITA LESLY GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24414	MANTILLA PEREZ SHARON ADAIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24415	FIERRO GAYTAN LESLY MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24416	VILLA RIOS SAMANTHA YADIRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24417	MARQUEZ AMBRIZ MARIA ALEJANDRA	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24418	BACA CASTILLO NATALIA ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24419	VAZQUEZ MORENO EMILY ABRIL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24420	MUÑOZ GARCIA JOHANA JACQUELINE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24421	VILLALOBOS GUTIERREZ SANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24422	CHAVEZ LOPEZ FLOR YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24423	VELASCO HERNANDEZ MARLEN JAZMIN	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24424	PARRA ORDOÑEZ MARIA YOMIRAH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24425	CARMONA PORTILLO JACQUELINE AIDEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24426	ALVAREZ PRIETO GERARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24427	SANTIAGO LEDEZMA CRISTINA ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24428	MAGALLANES LIMA JESUS DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24429	RODRIGUEZ RAMOS ALAN YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24430	YAÑEZ OLIVAS HANNA YASMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24431	SANCHEZ TORRES LIBNY ZABETHAI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24432	ENRIQUEZ AMEZCUA VALERIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24433	SANCHEZ COVARRUBIAS KAMILA ALEXA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24434	SOLANO MADRID KARINA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24435	MEZA CARREON DANIEL ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24436	POLANCO IBARRA CINTHYA ORIEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24437	GARCIA TERAN RENE ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24438	CUEVAS HERNANDEZ URIEL ABEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24439	MENDOZA GARDEA MARIA MAGDALENA	39	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24440	GAYTAN FRANCO ANELE AIRAM	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24441	GUARDADO HERNANDEZ MARTHA PAOLLET	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24442	VELASCO ACOSTA ANNA MAHAIRI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24443	CRUZ OROZCO EIMY DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24444	LERMA GALLEGOS MARIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24445	AGUIRRE SIQUEIROS ISIS XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24446	RODRIGUEZ HERNANDEZ MAURICE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24447	SANTIAGO DELGADO JONATHAN ELIAS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24448	BAILON TALAMANTES BERENICE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24449	CABRAL CARMONA MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24450	ESPARZA GURROLA KARINA ELIZABETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24451	PALACIO PIÑON SANDRA JOHANA	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24452	MARTINEZ SAENZ ADALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24453	MORALES HINOJOS JITZEL GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24454	MORENO CHAPARRO GAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24455	NEVAREZ AVILA ERICK FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24456	CORRAL OCHOA ANA YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24457	SAENZ ROYVAL NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24458	MIJARES JIMENEZ JORGE DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24459	MORENO VIZCAINO JOSSELINE FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24460	ARMENDARIZ VIZCAINO BERNARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24461	SOSA SOLIS VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24462	GARCIA MARTHA JENNIFER CASANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24463	ALARCON CARAVEO EMILIA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24464	SANTIAGO DELGADO AHSLEY MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24465	QUIÑONES RAMOS EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24466	MOLINA MIRELES SAIRY ZAYDE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24467	PARRA SALAZAR ANDREA KARINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24468	ANDRADE VIESCA MILDRED SOPHIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24469	CORRALES JIMENEZ MANUEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24470	BACA PEÑA JARETZY DALAY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24471	RODRIGUEZ DOMINGUEZ ANNA DARYNKA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24472	AVILA CARRILLO SANDRA ANETTE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24473	MATA BOLAÑOS NATALIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24474	DURAN RUIZ ASTRID	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24475	VILLALOBOS DOMINGUEZ DENNIS PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24476	PORRAS BURCIAGA CHRISTIAN ISAC	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24477	MERAZ GALLEGOS TATIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24478	ARANDA SAENZ VICTOR RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24479	GARDEA RIVERA JORGE SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24480	ALVARADO ESPINOZA CHRISTIAN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24481	LEGARRETA QUEZADA SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24482	ANTUNEZ MIRANDA ELIAN JAHZEEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24483	BARRAZA CORONA RAFAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24484	AYALA REYES PERLA YAMILETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24485	OLIVAS MARTINEZ JASHIA PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24486	ARAGONEZ RAMIREZ ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24487	AGUILAR LUGO VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24488	REY HERNANDEZ DIANA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24489	BECERRA RIVERA DANIELA FERNANDA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24490	HERNANDEZ REYES JULIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24491	ALVARADO ALVAREZ MOAB ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24492	LOPEZ FIGUEROA CARLOS ANDRES	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24493	CHACON REY YARIAN SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24494	ROMERO HERNANDEZ LUIS DANIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24495	LEAL GUTIERREZ EDGAR ALEJANDRO	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24496	RIVERA DE LEON YITZEL AMERICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24497	LOPEZ MUÑOZ MALENY JIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24498	OLAGUE PAYAN JOSE ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24499	MARTINEZ AGUILAR KAREN JANNHEIRY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24500	GARCIA SOTO DIEGO CESAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24501	HERRERA LAZALDE KARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24502	LUJAN NAVARRETE ANDREA NAYELI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24503	CARRILLO DOMINGUEZ FATIMA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24504	ARRIETA QUIROZ LUISA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24505	RIVERA CORDERO CRISTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24506	HERNANDEZ GONZALEZ ROSA REBECA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24507	ANDUJO RAMIREZ KENYA MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24508	ORDOÑEZ MOLINAR JESUS DAVID	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24509	QUINTANA GUERRERO DAYANA IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24510	AGUIRRE OCON VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24511	CHAVIRA ALVARADO GRACE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24512	CIRILO VALENTIN NANCY ELENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24513	ALVARADO CASTRO EVAN JARETH	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24514	CHAVEZ MANZO LAIZA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24515	LOPEZ COLOMER RITA JOSELINE	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24516	RAMIREZ MILLAN KARLA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24517	MARTINEZ PALOMINO ZABDI EMILENY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24518	ORTIZ CHAPARRO JAHIR IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24519	FRANCO MONTENEGRO ANDREA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24520	MORALES GALVAN VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24521	SANCHEZ ROSAS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24522	RAMIREZ LOZANO AMERICA YATZIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24523	VARGAS CARBAJAL ILSE GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24524	DURAN ESTRADA NIDIA DORLETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24525	VELAZQUEZ WONG CARMEN AIKO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24526	GARCIA CASTAÑEDA DIEGO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24527	FLORES MARQUEZ REYNA CRISTINA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24528	PRADO HERNANDEZ ERIK YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24529	VARGAS LOPEZ DANA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24530	FRANCO RIOS ARIANA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24531	SOTO DELGADO EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24532	RODRIGUEZ PAYAN BRISSA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24533	ZAMARRIPA REYES EMMANUEL DE JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24534	VILLALOBOS MENDOZA PAOLA VALENTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24535	LOZOYA VELETA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24536	QUINTERO ROJAS JAVIER ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24537	HERNANDEZ ARZATE JESUS OCTAVIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24538	JARA OLIVAS LARISSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24539	CASTELLANOS BLANCO GHISEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24540	BECERRA ENRIQUEZ ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24541	GUTIERREZ ALVARADO JUAN JOSE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24542	CORDERO VIZCARRA PAMELA ALEXANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24543	AVILA HERNANDEZ LILIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24544	BOTELLO CHAVEZ XIMENA KARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24545	COVARRUBIAS FLORES ITZEL VIRIDIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24546	CORTEZ URBINA ANDRI SAHEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24547	CASAS VALLES MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24548	BAUTISTA GUEVARA GETMA ESTHEFANE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24549	JAQUEZ FLORES CRISTINA VERONICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24550	GODINEZ LOYA DIANA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24551	CARRERA TELLO ANGEL IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24552	CASTILLO VILLEZCAS EDGAR IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24553	BERNABE RAMIREZ AXEL GABRIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24554	QUEZADA NEGRETE JORGE ADRIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24555	VALLES SANDOVAL CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24556	DELGADO VELADOR ABNER IMANOL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24557	ALDRETE MARTINEZ RUBEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24558	AGUILAR CALDERA MARIA ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24559	RODRIGUEZ BORQUEZ FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24560	OSOLLO MORALES IVAN DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24561	GIL SANCHEZ STANLEY FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24562	CISNEROS GARCIA DAVID	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24563	TAPIA URIAS ANDRES FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24564	MORALES RODRIGUEZ ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24565	VAZQUEZ ESTRADA ANA PATRICIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24566	GARCIA ZAMARRON LIXZY DAYANI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24567	MENDIAS CASTRO FERNANDA ARELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24568	BERMUDEZ CAMPILLO ELIAS DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24569	TERRAZAS MEDINA LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24570	TERRAZAS MEDINA EDGAR FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24571	SIGNORET FAHL FERNANDO	33	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24572	FLORES VALENCIA NELLY DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24573	ESNAYRA ORTIZ EGLANTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24574	CALDERON MENDOZA DAVID FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24575	SALAS CHAVEZ OSCAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24576	ORNELAS YAÑEZ FEDERICO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24577	MARTINEZ BEJARANO ANDREA IRIDIAN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24578	MALDONADO ARROYO VANESSA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24579	PRIETO GANDARA JANIRA ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24580	FERNANDEZ TORRES JENNIFER ABRIL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24581	MIRANDA LOPEZ JESUS ISRAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24582	TORRES AGUIRRE AMBAR MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24583	VALENCIA QUINTERO VIOLETA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24584	MORENO GONZALEZ DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24585	RAMOS ORTIZ LAURA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24586	ROMANOS MARIN MEGAN ANGELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24587	ELGUEZABAL AGUIRRE DANIEL FRANCISCO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24588	PEREZ GUZMAN GIOVANNI MIGUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24589	RODRIGUEZ GONZALEZ ALEXIS ISMAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24590	CHAVEZ QUEZADA EVELYN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24591	CANO CARRASCO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24592	MATA ESTUPIÑAN GLORIA JAQUELINE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24593	HERNANDEZ CANO BRENDA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24594	ANAYA ROQUE STEPHANIE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24595	PAEZ RODRIGUEZ LLUVIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24596	BUSTILLOS HERNANDEZ MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24597	ANTILLON GAMEZ MARCOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24598	CHAVEZ RAMIREZ OSCAR KEILOHT	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24599	DELGADO TARIN HEIDI DANIELA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24600	MACIAS AVILES MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24601	FLORES VAZQUEZ ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24602	ALARCON DOMINGUEZ KITZEL ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24603	GONZALEZ MARTINEZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24604	SOLIS SOLIS ASHLYE BRITTANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24605	SANCHEZ MONTERRUBIO ESTEBAN ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24606	ARIAS FLORES MARTIN URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24607	ACEVES BACA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24608	MARTINEZ RICO DEVANY ABILEIDY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24609	BACA OCHOA KATHIA SAMANTHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24610	ALDERETE OLIVAS MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24611	ARIAS ORTEGA ARELY YARITZA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24612	GALLEGOS RIVAS MARI CARMEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24613	TREJO BARRAZA IAN JARED	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24614	CHAVIRA RODELO ANDRES ISRAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24615	MAGAÑA ALTAMIRANO MARYANE PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24616	RONQUILLO DIAZ PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24617	POMPA BUSTILLOS DANNIA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24618	TOVAR CAMPOS JANETH MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24619	HOLGUIN MALDONADO ANDREA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24620	MEDINA JAVIER FRANCISCO ABRAM	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24621	FIERRO RIVERA KARELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24622	MENDOZA VELASCO ALEXIA YUSALETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24623	SOTO RAMOS LINDA RAQUEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24624	TERAN COVARRUBIAS CARLOS ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24625	GONZALEZ TOVAR ABIGAIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24626	VILLESAS LUGO LESLIE MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24627	ALVAREZ DURAN LUIDGI ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24628	SOTO CHAVARRIA SARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24629	PALMA BENCOMO ALISON JAYLENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24630	MEDINA JAVIER IRVING ROBERTO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24631	HERRERA MUELA KETZUMI AMAIRANI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24632	SAENZ VILLALOBOS DIANA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24633	LOPEZ GUTIERREZ ILDELIZA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24634	LOMELI DELGADO KAREN JACQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24635	GOMEZ HERNANDEZ PAULINA ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24636	CABRERA SANCHEZ ERIKA MARISOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24637	PIZARRO LARA MARLENNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24638	GUILLEN FREGOSO ANA JULIETTE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24639	MENDOZA QUIÑONES ANA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24640	RAMIREZ PORTILLO RAUL RICARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24641	REYES ORTIZ EDUARDO ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24642	CARRILLO MIJARES PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24643	MELENDEZ TORRES MIRKO NAHUMI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24644	LOPEZ ANDRADE JATZIRY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24645	GALLEGOS LOPEZ ARVETH LOUSSIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24646	GUTIERREZ HOLGUIN YOCELIN ABRIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24647	RAMIREZ CAMPA LUIS ALAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24648	QUIÑÓNEZ MALDONADO IVONNE ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24649	MORENO CABALLERO BRYAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24650	GALLEGOS CARRASCO MARISOL SUSANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24651	AGUILAR ARAIZA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24652	POMPA ARMENDARIZ IRVING IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24653	NUÑEZ SALAS XIZEL ALONDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24654	NUÑEZ SANCHEZ ANGELA ARIADNI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24655	AVILA ARAMBULA ANDREA NAIMIC	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24656	RENTERIA OLIVAS VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24657	ZAMORANO ANGUIANO SARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24658	HERNANDEZ RAMIREZ ROXANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24659	HERRERA PARRA VALERIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24660	ESCOBAR PIZARRO ARELY JOHANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24661	SANTA ANNA GAYTAN MARINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24662	ORDOÑEZ LIRA ANA CAMILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24663	CERVANTES LOZANO KASANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24664	CASALE BUSTILLOS CAMILA SUZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24665	ARVIZO CASTRO DANA CRISTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24666	RIVAS MORALES JORGE ANTONIO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24667	GAMBOA MEDINA YUSELMI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24668	AGUILAR RAMIREZ DIANA ABIGAIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24669	MORENO TORRES CARLA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24670	BALMACEDA MORENO ALEXA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24671	SANTIAGO BUSTILLOS ALMA YULISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24672	MUÑOZ MONTES STEPHANY DENISSE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24673	ORTIZ GUTIERREZ FRYDA RENATA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24674	SANCHEZ CERVANTES SOFIA CAROLINA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24675	ROCHA ACOSTA SAMANTHA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24676	SALCIDO GONZALEZ MARYJULIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24677	MALDONADO URBINA NATHALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24678	MUÑIZ RIVERA KAREN JUDITH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24679	VEGA BENCOMO ANDREA LIZETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24680	ESPINOZA RAMOS MITZY ESTEPANIE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24681	AMADOR ACOSTA NAYLEA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24682	TORRES BALDERRAMA DIEGO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24683	VILLALOBOS PRIETO MARIA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24684	NAJERA CASTELLANOS RAUL ISAAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24685	SANCHEZ CARBAJAL CLARISSA NOEMI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24686	RIVERA VILLALOBOS LUIS DAVID	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24687	SUAREZ RIVERA GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24688	QUINTANA HERNANDEZ DIANA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24689	ALVIDREZ GARCIA ADRIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24690	SAENZ BARRAZA LARISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24691	PEREZ ZAMORA MANUEL ELISEO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24692	RODRIGUEZ ABRICA SERGIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24693	SOLIS GRIJALVA DIEGO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24694	AYALA ANGUIANO DIEGO SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24695	BARRAGAN MORALES DIANA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24696	BAÑUELOS SANCHEZ ARIEL GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24697	MARQUEZ MEDINA VALERIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24698	RUIZ MUÑOZ DANIEL ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24699	ACOSTA SANCHEZ GERARDO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24700	LEVARIO AGUIRRE VALERIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24701	RUIZ VILLAR JAIRO ALEJANDRO	15	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24702	ARCINIEGA FERNANDEZ LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24703	NAJERA REYES MANUEL ANTONIO	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24704	BUSTILLOS CRUZ PAMELA YANET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24705	HERNANDEZ SEPULVEDA EVELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24706	MORENO QUINTERO GUADALUPE EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24707	HERRERA LUNA MARIA GERALDYNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24708	PEREZ DOMINGUEZ ANGELES SARAI	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24709	FRANCO DOZAL KARLA DAENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24710	CUETO GARCIA ANDREA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24711	SERRANO SANTIESTEBAN MARISOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24712	LOPEZ BEJARANO FRANCISCO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24713	SOLAR GARIBAY SANTIAGO ADAIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24714	ACOSTA MEZA MICHELLE SARAHI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24715	GONZALEZ RAMIREZ KAREN ROMINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24716	REYES SALAZAR BRIGITTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24717	MARQUEZ RUBIO JORGE ANDRES	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24718	REYNOSO MUÑOZ DAYNA SAMANTHA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24719	ROSALES ARMENDARIZ SALMA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24720	MORALES REYES LUISA AXALLANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24721	GASCA CHAVARRIA MAURO ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24722	SCOBELL MENDEZ ANYHA IRENE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24723	ESPINOSA ORNELAS XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24724	RIVAS ORTIZ ANGEL ALFONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24725	RAYOS ONTIVEROS JALIL JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24726	CRUZ MANRIQUEZ NORMA ZULAMITH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24727	RAMIREZ MARQUEZ MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24728	LAZO LUJAN NATHALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24729	LOPEZ MELENDEZ ANDREA ELIZABETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24730	CARDENAS CABALLERO ANDROS URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24731	CASILLAS NAVA ANDREA ELIZABETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24732	MURILLO COTA PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24733	SERNA HERNANDEZ MARLENE ANAIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24734	BARRAZA MEDINA ERIKA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24735	ESPARZA SALAZAR LILIA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24736	BORDAS ARREDONDO JOSE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24737	COTA HERNANDEZ ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24738	SOTELO GONZALEZ MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24739	RIVERA ALDERETE LUIS OCTAVIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24740	GUADARRAMA BUSTILLOS DAVID ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24741	FLORES PARADA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24742	NAVARRO RODRIGUEZ LUIS ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24743	TERRAZAS GONZALEZ YADIRA GUADALUPE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24744	ESPINOZA SOTO MARITZA YADEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24745	PORTILLO SOSA JAIME JOAN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24746	PORTILLO OLIVAS JAVIER ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24747	AMAYA DAVILA JUAN DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24748	FLORES CALDERON GERARDO MIGUEL	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24749	GARCIA ROBLES ANDRES EMILIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24750	CHACON BENCOMO ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24751	SANCHEZ RUIZ BRYAN ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24752	RODALLEGAS BURCIAGA DANIELA PALOMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24753	PARRA BORJA VALERIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24754	RIVERA MORALES ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24755	CASILLAS MACIAS SUSANA JACQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24756	CHAVEZ DIAZ JABNIA LISEM	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24757	SORIANO LOPEZ JOSE ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24758	HERNANDEZ PEREZ EVELYN EUNICE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24759	PORTILLO CORRAL ANA ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24760	MANCINAS CARDENAS JORGE UBIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24761	VILLA LOPEZ JULIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24762	GOMEZ PEREZ VANESSA ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24763	BALDERAS . GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24764	ACOSTA LOPEZ ODALIS ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24765	PAYAN RODARTE LAURA JOSSELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24766	AGUILERA LOYA RODOLFO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24767	LEDEZMA QUEZADA AYLIN VANESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24768	JUAREZ SOSA ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24769	RODRIGUEZ GASCA MICHELLE SOLEDAD	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24770	VILLANUEVA REYNOSO FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24771	REYES HERRERA JOSELYN ALEXIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24772	QUINTANA DOMINGUEZ KARLA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24773	NAVARRETE CASTILLO RAUL ARATH	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24774	PORTILLO PORRAS YARELI FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24775	RAMIREZ VILLA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24776	GARCIA VILLASANA CRISTIAN ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24777	VELAZQUEZ RODRIGUEZ PAMELA ODETH	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24778	BACA TORRES INGRID JAZZLYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24779	GUTIERREZ ALVARADO IVONNE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24780	CABRAL LERMA DIANA ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24781	ITURBIDE DE LA ROSA JORGE LUIS	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24782	GONZALEZ MARTINEZ ARLETTE NOHEMY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24783	ALMANZA RANGEL MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24784	AMPARAN SAENZ MAYRA SUGEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24785	BARRERA ANCHONDO YATZIRY YAHAIRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24786	GOMEZ HERNANDEZ DANNA PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24787	SUAREZ VILLALOBOS URIEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24788	TORRES SAURE JOSE ANGEL	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24789	IBARRA RIVERA MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
24790	HERNANDEZ FAVELA ANETH	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24791	PEREZ ESPINO CARLOS OBIEL	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24792	GONZALEZ VALDEZ JOSE LUIS	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24793	RAMIREZ MARQUEZ CESAR	35 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24794	ARZAGA ESTRADA SAMANTHA AMARIANI	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24795	RUIZ GURROLA ANDREA ALEJANDRA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24796	ONTIVEROS OCON ALAN ALBERTO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24797	GODINA GONZALEZ LUIS ENRIQUE	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24798	GUERRA GUEVARA JOCELIN ALEXIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24799	GILL RAMOS ASTRID	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24800	SAENZ JIMENEZ ANDREA	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24801	AVALOS MARTINEZ JUDITH	30 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24802	PAYAN ALLENDE EMMANUEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24803	RUEDA CASTILLO LUIS ENRIQUE	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24804	SILVA CHAVEZ ALONDRA ANEL	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24805	URRUTIA DURAN CLAUDIA MAGALI	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24806	TRUEBA DURAN DARLEN	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24807	RAMIREZ BUSTILLOS JENNIFER	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24808	TORRES ARMENTA ISIS ASHLEY	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
24809	RODRIGUEZ ZAMORA ELDA JUDITH	36 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24810	GUTIERREZ ARENAS LUIS RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24811	VALENZUELA PRIETO LUISA SARAI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24812	BARRAZA LUNA LIA BERENICE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24813	PAREDES OROZCO FRANCIA ALEXANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24814	RAMIREZ SOTO DANNA ICEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24815	RODRIGUEZ ORPINEDA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24816	HERNANDEZ TORRES NAHOMY ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24817	GAMEROS PEREZ EFREN ALBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24818	CHAVEZ FLORIANI SANTIAGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24819	DELGADO MORALES JESUS ALFREDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24820	SOTO JURADO XIOMARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24821	RAMOS CHAVEZ RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24822	LUNA MENDOZA MICHELLE JARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24823	BATISTA FAJARDO MODESTO ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24824	ORPINEL CHACON ERWIN JAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24825	CRUZ MEDINA FRIDA CAMILA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24826	HENRIC RECIO DARIANA VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24827	FAVELA SANDOVAL SARAH REBECA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24828	GONZALEZ HERNANDEZ JOSE NOEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24829	RAMIREZ BARRANCO IVAN	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24830	ANGULO ARIAS JENNIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24831	POLO GAMEZ MARIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24832	CHAVEZ GONZALEZ ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24833	AVALOS GAMBOA TERESA JASMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24834	HERNANDEZ VAZQUEZ YELITZA AZENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24835	OLVERA SOSA HANNIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24836	FIERRO CASTELLANOS MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24837	BAÑUELAS ARREDONDO DAYANA MARGARITA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24838	AMPARAN POMPA ROCIO MONTSERRAT	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24839	RODRIGUEZ HERNANDEZ PAULINA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24840	GOMEZ PEREZ GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24841	MENDEZ GAYTAN LUIS ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24842	ESPINOZA ROMERO GABRIELA ADRIANA	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24843	GONZALEZ RIVERA MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24844	BARRIGA MERAZ ANDREA JOHANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24845	RODRIGUEZ CARO ALEXICA DARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24846	LEOS MARIN LESLY GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24847	MORALES CHAVEZ KEVIN OMAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24848	RAMOS HERNANDEZ DANIEL EUGENIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24849	RECIO MARTINEZ CATHERINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24850	ROJAS ALFARO CRISTIAN IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24851	BUSTILLOS ERIVES MARIA DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24852	LOPEZ GUTIERREZ DIANA MARCELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24853	MELENDEZ REZA DANIEL ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24854	HERNANDEZ PINEDA GALILEA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24855	CANAAN GUERECA GLORIA MARGARITA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24856	CASTILLO BALDERRAMA PALOMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24857	LEYVA ROMERO JAVIER RODRIGO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24858	CORRAL SALCEDO DANNA MARIBEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24859	SALGUEIRO MORENO ASHLIE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24860	GAMBOA MUÑOZ YAMEL ANDREA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24861	PAYAN RODRIGUEZ GIOVANA MARLET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24862	LEAL GONZALEZ SANDY JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24863	QUINTANA CHAVEZ DANAE GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24864	AVALOS GARZA GERARDO ELIASIB	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24865	RAMOS ORRANTIA ANDREA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24866	VALENCIA DURAN ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24867	GABALDON MELENDEZ ERICK RUBEN	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24868	ONTIVEROS CRUZ XAIRE XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24869	OVIEDO NEGRETE RAUL ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24870	GUERRERO ACOSTA GUADALUPE ISAMARI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24871	BALDERRAMA CAZARES ALONDRA ESMERALDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24872	NUÑEZ SANCHEZ ZARET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24873	PORTILLO FERNANDEZ STEPHANIE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24874	CARDONA ELIZALDE YESSENIA MARISOL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24875	GUTIERREZ MURUATO MYRNA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24876	TERRAZAS OROZCO DALILA ALONDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24877	TORRES PILLADO LAURA YESENIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24878	MARES ALVAREZ PERLA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24879	ARRIETA CARRASCO JOSE EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24880	RAMIREZ FRANCO THAMARA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24881	LOPEZ HOLGUIN JESUS ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24882	ORTEGA MUÑOZ JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24883	TINOCO CHAVIRA LUZ YURIDIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24884	SANCHEZ SALGADO YANNIN ALESSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24885	SOSA HEREDIA JANETH JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24886	SEPULVEDA SOTELO FATIMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24887	TALAMANTES RINCON LUISA CAMILA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24888	UGARTE PILLADO ZIANI KARELI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24889	PONCE PINO ALAN URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24890	CRUZ HERNANDEZ JANET ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24891	VEGA SAENZ FERNANDA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24892	FIERRO CAÑEZ MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24893	BUSTILLOS HERNANDEZ JOEL GUILLERMO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24894	HERNANDEZ PAYAN NATALIA CHEYENNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24895	CHAVEZ CASTILLO JOSE ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24896	OLIVAS ALVAREZ VALERIA ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24897	HERNANDEZ RAMIREZ KAREN PRISCILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24898	RIVERA ARMENDARIZ EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24899	JACQUEZ RODEA DANIELA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24900	HERNANDEZ LOZANO NAYELI ALISON	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24901	RUIZ LOPEZ RICARDO IRAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24902	ENRIQUEZ PEREZ RUBEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24903	AVALOS ESPINOZA DAMARYS PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24904	LOPEZ RUIZ MARIA JOSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24905	GARCIA RAMOS AMBAR SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24906	SAGARNAGA GONZALEZ ASTRID	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24907	TREVIZO GUTIERREZ ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24908	PONCE MARQUEZ SOFIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24909	LOPEZ GONZALEZ PABLO DE JESUS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24910	CHAVIRA GONZALEZ MELANNIE YANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24911	GARCIA GONZALEZ SAUL AIORIA	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24912	JURADO MARES JESUS FRANCISCO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24913	RIOS BOUCHE SAMANTHA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24914	JUAREZ LOPEZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24915	SANTA ANNA MARQUEZ MILDRED VIANNEY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24916	CARRILLO LUJAN JACIEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24917	ALANIS MARISCAL DANIELA VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24918	QUEZADA MURILLO DULCE CECILIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24919	RAMIREZ RODRIGUEZ KEVIN ARAGORN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24920	CAMPOS REYES MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24921	CONTRERAS ROCHA AARON IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24922	CAMELA RAMIREZ FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24923	GUTIERREZ TORRES ILSE AMERICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24924	OLIVAS CASTAÑEDA OMAR ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24925	MARTINEZ ROMAN ANGEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24926	DIAZ DUARTE JAIME EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24927	LOYA REGALADO NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24928	CORRAL BACA PAULINA EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24929	BERMUDEZ ROMERO RAUL ALFREDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24930	PRIETO RODRIGUEZ IDALI MARGARITA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24931	DURAN . LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24932	VELAZQUEZ LOZANO MARIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24933	ESCOBAR GARCIA SANTIAGO	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24934	OVIEDO ZUÑIGA YURITZI MARLENN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24935	MAYNEZ BACA REBECA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24936	LOZANO GUEVARA PERLA DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24937	GUTIERREZ VALDEZ YAMEL DEYANIRE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24938	SANCHEZ PARRA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24939	GUIJARRO GARCIA KAREN PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24940	LOZANO CASTAÑEDA SARA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24941	SOLIS CANO CARLOS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24942	OLVERA CARO NATALIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24943	RAMOS LONGORIA LUIS MARIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24944	SALAZAR ARMENTA GERALDINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24945	HERNANDEZ ALARCON VANIA ODETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24946	TELLO FIERRO MARIEL MARGARITA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24947	DE LA ROSA ROSAS LUIS CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24948	SAENZ BOJORQUEZ JORGE ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24949	GUTIERREZ GARCIA ROSA MISTICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24950	PEREZ AMAYA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24951	VELAZQUEZ LOZANO ALDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24952	BENCOMO CHACON NATHALY GISELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24953	PEREZ FUENTES MARIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24954	BERMUDEZ MEDINA LITZY DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24955	PALAFOX OLIVAS DENISSE AYLIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24956	SALAS GONZALEZ SERGIO ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24957	LUNA MARTINEZ CARLOS MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24958	MEDINA CORRAL DIANA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24959	CORONADO RIVERA KARINA ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24960	GARCIA CERVANTES IVAN DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24961	VAZQUEZ ENRIQUEZ VIVIAN NAITHELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24962	RENTERIA BARRIO ITZEL ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24963	PEÑA ACOSTA GLORIA SAMARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24964	SANTOS RODRIGUEZ WENDY ZORAYMA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24965	TARIN . CARLOS GUSTAVO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24966	DUARTE QUEZADA DIEGO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24967	GARCIA CASTILLO DIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24968	MUÑOZ MENA CRISTOBAL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
24969	CARRASCO HERNANDEZ FERNANDO IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24970	VILLA GUTIERREZ DANA CRISTAL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24971	RAMIREZ CASAS GINNA VENEZIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24972	HERNANDEZ JACQUEZ ISAAC DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24973	GOMEZ MARTINEZ MICHELLE CONSUELO	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24974	MANCINAS MANJARREZ JESUS OSWALDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24975	HERNANDEZ CUELLAR CARLOS YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24976	GONZALEZ SOTO DIEGO ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24977	MUÑOZ AGUAYO YAHAIRA AREMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24978	RODRIGUEZ ARAGON MANUEL DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24979	ALVAREZ RIOS JOSE LUIS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24980	RODRIGUEZ DIAZ DAVID JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24981	MANCINA . ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24982	SALINAS GOMEZ YOCELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24983	GUTIERREZ TORRES IDANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24984	BENITEZ ALAVEZ JAZIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24985	RODRIGUEZ HERNANDEZ ADRIAN MATEO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24986	GABALDON JUAREZ SAUL ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24987	MENDOZA MUÑOZ EVELYN ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
24988	VENCES VAZQUEZ FRIDA YAJAIRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24989	DOMINGUEZ DOMINGUEZ KENIA VANESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24990	SOLIS GURROLA MARCO ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24991	CASTILLO BACA YESUN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24992	FERNANDEZ QUINTANA DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24993	CANO ACOSTA MARCO AIRAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24994	CARRERA VALENCIA JAQUELINE GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24995	MARTINEZ BUSTILLOS JOSELIN GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24996	REYES BELTRAN DANIELA KARINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24997	ARGUELLES MOLINA ARELI ESTHER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24998	SALAS GONZALEZ JESSICA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
24999	OROZCO GAMEZ HAIRTON JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25000	CORTEZ PEÑA VICTORIA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25001	VILLALOBOS PRIETO JESUS AGUSTIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25002	ROJAS OLIVAS DEVANY CRISTAL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25003	OGAZ LOYA GERARDO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25004	MARTINEZ SOTO ISIS DAYANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25005	CARRILLO ESTRADA FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25006	MARTINEZ MONTES EDWIN JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25007	ALEMAN BENCOMO RODRIGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25008	MARTINEZ MORALES JESUS MIGUEL	33	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25009	CAMARGO REYES JOSHUA ISAI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25010	PROSPERO GUZMAN MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25011	PONCE LOPEZ DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25012	LUEVANO LOPEZ OSCAR ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25013	FLORES GOMEZ GAEL RENE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25014	CALDERON LOPEZ NATALIA MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25015	SAUCEDO ARMENDARIZ ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25016	BARRERA SANSABAS AQUETXALI	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25017	EGUIARTE ADAME GAEL YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25018	MENDOZA REYES ELSA VIANNEY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25019	HEBERLING THOMAS ROBIN MARIE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25020	QUIROZ HERNANDEZ ANNA SOPHIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25021	GARAY GOYTIA DIANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25022	RUELAS ORDOÑEZ SANDRA GABRIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25023	PEREZ GONZALEZ MARTHA PATRICIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25024	GARCIA GONZALEZ GLADYS DALAY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25025	FERNANDEZ LOZANO ALONDRA ILEANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25026	RUELAS OSORIO LUZ FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25027	PAYAN GUTIERREZ HECTOR	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25028	CAZARES HIDALGO EDGAR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25029	ESCONTRIAS LARA ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25030	RAMIREZ REY JOSE ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25031	LOMELI JIMENEZ ABRIL ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25032	CHACON BERNAL LAURA SOFIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25033	BORUNDA CARDENAS DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25034	BURCIAGA HERRERA IRLANDA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25035	ESPARZA TOVAR ANDREA ARACELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25036	NAJERA QUIÑONEZ PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25037	ZAMBRANO ESCAJEDA MARIA GISELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25038	CHACON GUILLEN BRISSA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25039	FLORES CARBAJAL ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25040	DE LA TORRE RUIZ ISAAC OCTAVIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25041	FLORES RIVERA YATZIRI ESTEFANIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25042	CHAVEZ ARROYO FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25043	ONTIVEROS PINEDA KEVIN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25044	LOYA PEÑA MIGUEL ANGEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25045	HERNANDEZ YAÑEZ OMAR EDUARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25046	ARELLANES VILLADO DANNA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25047	IZQUIERDO RODRIGUEZ JAVIER IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25048	LIRA ESTRADA EVELYN GISELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25049	BEJARANO AZCARATE IRAN MARIEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25050	PIÑON SERRANO GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25051	BAILON ROMERO KIMBERLY ADILENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25052	ROBLES REZA EVELYN DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25053	LUCERO CARRASCO MARTHA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25054	MALDONADO GURROLA MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25055	CANO CAMUÑEZ JESUS ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25056	BURROLA GARCIA LUIS CARLOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25057	MUÑOZ MOLINAR JUAN FERNANDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25058	BARRAZA PRIETO RICARDO RAMIRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25059	CALDELAS CARDENAS ESTEFANIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25060	JUAREZ GARCIA EDGAR FIDEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25061	SAENZ JIMENEZ JOSE MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25062	ESTRADA PEREA FRIDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25063	MUÑOZ MARTINEZ ADAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25064	SANDOVAL ZAPATA ANDREA GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25065	TERRAZAS RAMIREZ ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25066	TERRAZAS RAMIREZ CECILIA NAHOMY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25067	ALTAMIRANO MARQUEZ PRISCILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25068	HERNANDEZ SANTILLANES ANA RENEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25069	BEJARANO AZCARATE EHIRA ELISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25070	MORGA CALDERON ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25071	TALAMANTES RAMOS JAIME ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25072	CORONEL GONZALEZ IVAN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25073	RAMIREZ SOLARES LESLIE GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25074	RODRIGUEZ JIMENEZ ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25075	HEREDIA GARCIA ANGEL OSMAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25076	RODRIGUEZ GUTIERREZ VIANEY ANGELICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25077	ROMAN OSORNIO OMAR VALENTIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25078	CABALLERO QUINTANA EDITH JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25079	HERNANDEZ BLANCO KEVIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25080	MEDINA JARAMILLO MORAYMA ISMERAI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25081	CASTILLO PEREZ ABRIL AMERICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25082	GALINDO CASTILLO LUIS HECTOR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25083	MARIÑELARENA HERNANDEZ JACQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25084	AGUIRRE MEJIA MARIA LUCERO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25085	RODARTE SANCHEZ ERIK EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25086	CARRILLO AVILEZ ITZEL MADAI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25087	ZAPATA CORONA KAREN AMERICA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25088	LOPEZ CARMONA DIANA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25089	PEREZ GARCIA DIEGO GAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25090	MONTES GUZMAN HUGO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25091	AVILES RASGADO JOSE ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25092	VALLES FRAGA ANNA PENELOPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25093	DIAZ GARDEA SAUL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25094	DE LA CRUZ OCHOA XOCHITL ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25095	AKEL OLIVAS ANTONIO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25096	MORALES VAZQUEZ OMAR ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25097	AYALA NATIVIDAD GISEL SAMANTHA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25098	SOTELO OROZCO NEIEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25099	FERREIRO QUIÑONES ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25100	THIESSEN ROCHA IRLANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25101	REYES ESQUER PAULINA SOFIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25102	VALLES AZPEITIA OSWALDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25103	JUAREZ MADRID XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25104	VALLES DOMINGUEZ MANUEL ALEXIS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25105	SANCHEZ DURAN SAMUEL ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25106	MEDINA PEREA JUAN ANGEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25107	CAMPOS MARTA ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25108	GIRON CAMPA CLAUDIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25109	LABRADO ANCHONDO CARMEN HORTENCIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25110	ESTRADA AGUIRRE GABRIELA ABIGAIL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25111	GOMEZ RODRIGUEZ SHAKTI FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25112	NEVAREZ BERNAL SELENE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25113	CORNEJO ESPINO KARINA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25114	DUARTE MORALES CARLOS ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25115	CHAVIRA CASTRO OSCAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25116	BUSTILLOS ARMENDARIZ ANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25117	HERRERA FIGUEROA BRYAN MICHAEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25118	DIAZ RUIZ PERLA YETZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25119	LOPEZ MARTINEZ ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25120	GASPAR SIFUENTES ENRIQUE OCTAVIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25121	AGUIRRE BUSTAMANTE ESTRELLA OLIVIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25122	ZAMBRANO NEVAREZ BRISSA DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25123	ESPARZA MEDRANO VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25124	GUEVARA FAUDO A HECTOR EMILIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25125	ALVARADO MARTINEZ YATZEL FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25126	HOLGUIN PARRA RENE GIOVANNY	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25127	TARIN NIETO LESLIE JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25128	GUTIERREZ DAVILA DANIEL OMAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25129	ZUÑIGA ASTORGA KARELY DAYANNA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25130	LABRADO CHAVEZ RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25131	RUIZ ALMEIDA JOSUE DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25132	BAQUERA MEJIA RAUDEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25133	CARO GONZALEZ BLANCA VANESSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25134	MONTES MARQUEZ AMERICA JOHANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25135	VERA SIGALA BRIAN ALEXIS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25136	AGUIRRE DELGADO MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25137	MOLINA RIVERA LINDA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25138	GARCIA MORENO OMAR ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25139	SAENZ ARREDONDO VALERIA CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25140	VALLES CHAVEZ ABRIL DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25141	MACIAS LOPEZ FATIMA VIANNEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25142	RAMIREZ PARGA ALISON NATASHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25143	SANDOVAL MACHADO FERNANDA ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25144	ARTEAGA FLORES SARA NAHOMY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25145	CANTU PORTILLO ROXANA JANNETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25146	VARGAS FRANCO VALERIA JAZMIN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25147	FIERRO NAJERA PAULINA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25148	ARELLANES GUTIERREZ ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25149	VELDERRAIN PERLA LESLIE MELISSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25150	DAHER PINEDA SANTA SEMATI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25151	SANCHEZ FLORES HUMBERTO ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25152	PALOMINO DE ALBA VIVIANA SARAHÍ	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25153	AVILA MUÑOZ LESLIE ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25154	RAMOS SOTO MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25155	ALAMOS VILLALBA CARLOS GILBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25156	BALDERRAMA BADILLO MANUEL IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25157	MARTINEZ CERVANTES SAHIRA GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25158	GANDARA GACHUPIN TAILIN AMERICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25159	ROA MORENO HUGO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25160	MARTINEZ JURADO MAURO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25161	MEDINA ALVARADO ANETH FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25162	LARA MENDOZA ITZEL JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25163	ALVAREZ IRIGOYEN JESUS ADRIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25164	CONTRERAS HUERTA JOSE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25165	CALZADILLAS MEDRANO DEREK IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25166	FIERRO VAZQUEZ LUISANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25167	CHAVEZ GONZALEZ SARA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25168	ROSALES NAJERA OSCAR ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25169	SOLORIO CORRAL MELANY SUGEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25170	REYES CASILLAS DANIEL EFREN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25171	RENTERIA GUTIERREZ LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25172	SANCHEZ DIAZ ALEXA NAHOMY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25173	SOSA HERMOSILLO ANDRES GABRIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25174	FRANCO ARZAGA OMAR EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25175	GAYTAN BARRAGAN MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25176	ROMERO ROBLES VICTOR OSIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25177	PEREZ URENDA PAOLA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25178	BARRON TERRAZAS RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25179	PANTOJA CASAS EDUARDO RAFAEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25180	MORIEL MOLINA VICTOR EMILIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25181	HOLGUIN MUÑIZ ANA LUISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25182	WEBER MONTALVAN NAYELI GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25183	ARCE AVILA JEROMY JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25184	TAVARES SERNA YAHIR ARAHT	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25185	HERRERA CHAVIRA LESLIE ROCIO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25186	RIVERA RUIZ ALONDRA MICHEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25187	GOMEZ ONTIVEROS RICARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25188	PORTILLO BASILIO MARTHA IVONNE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25189	AGUIRRE MOLINA JADE ISABEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25190	GALICIA RAZO OSCAR SEBASTIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25191	RABADAN MOLINA EIMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25192	TINAJERO AGUILERA JUAN FRANCISCO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25193	CRUZ VALLES ESDUIN JOSUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25194	GARCIA ALVAREZ SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25195	OROZCO TREVIÑO JUAN CARLOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25196	MARTINEZ DOMINGUEZ DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25197	JARA GUTIERREZ PAULINA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25198	DELGADO HEREDIA KEVIN ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25199	QUINTANA CORDOVA GERALDY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25200	CERROS SAENZ EVELIN SINAI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25201	RAMOS RODRIGUEZ ITZEL YARITZY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25202	MARTINEZ RUIZ SARA CRISTINA	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25203	OCHOA ZAMORANO PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25204	FLORES RUIZ ALEXIS IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25205	RODRIGUEZ FORTUNA RAUL HUMBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25206	RODRIGUEZ HERNANDEZ ARIADNA ALEXIA ESTEFANIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25207	LIMA MARQUEZ ROCIO YAJAIRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25208	MUÑIZ MADRID ANGEL JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25209	GARCIA MOLINA ITZEL YOSELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25210	GUERRERO ESQUIVEL WENDY ARACELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25211	SANCHEZ FRAUSTO ASTRIT GIBRANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25212	HERNANDEZ ASCENCIO GILBERTO URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25213	ANCHONDO CANO KARINA YAMILETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25214	RODRIGUEZ VIOLETA GABRIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25215	BETANCOURT CHAVARRIA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25216	HERRERA MORALES ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25217	RASCON GONZALEZ YULISA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25218	VAZQUEZ RIVERA EDGAR FABIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25219	SALCEDO SALAZAR ANNA VICTORIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25220	ZARAGOZA CHAVEZ LUIS HORACIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25221	REBOLLOSO CONTRERAS MONICA DEL CARMEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25222	LOYA AGUIRRE OSCAR RAFAEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25223	CORRAL ESTRADA MARIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25224	MENDEZ RASCON OSCAR YAHIR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25225	SALAS PAYAN JOAN ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25226	MONTES MORAN MANUEL GERARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25227	CARDENAS RIVAS JALSIN CITLALLI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25228	MUÑOZ BENCOMO IRIS MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25229	BOLIVAR DOMINGUEZ JULISSA ROCIO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25230	TERRONES CELIS KEILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25231	FRIAS CRUZ YOSSELIN ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25232	ONTIVEROS MAGALLANES KENIA IVETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25233	MONTIEL ACOSTA ANGEL JOSEPH	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25234	CALZADA LOZOYA BRISSA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25235	MARTINEZ MARTINEZ KARLA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25236	LOPEZ ROJERO NADIA IVONNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25237	BELTRAN MANRIQUEZ DANIEL ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25238	NUÑEZ JAQUEZ MILKA JAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25239	OLIVAS ALVAREZ JACQUELINE ADILENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25240	RODRIGUEZ NEVAREZ PAUL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25241	HUITRON CASARES ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25242	CASTILLO MARTINEZ JESSICA SAMANTHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25243	CAMPOS PERALES MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25244	SANCHEZ JAUREGUI MARLEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25245	LIRA SANCHEZ PAOLA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25246	ARMENDARIZ HERNANDEZ LUIS MANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25247	GOMEZ LECHUGA IVAN ARNOLDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25248	LOZOYA CABALLERO ANDREA PRISCILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25249	CARRASCO ALMANZA OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25250	RAMIREZ CALDERON VANESSA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25251	CASTILLO NAJERA DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25252	ESTRADA HINOJOS NAZLY AZUCENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25253	BUJAJIDAR VILLARREAL ANDREA PAULINA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25254	BARRIGA CHAVEZ EDWIN JOEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25255	SOTELO VILLALBA SAMUEL IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25256	ARCINIEGA PAYAN GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25257	MENDOZA SAENZ CHRISTIAN URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25258	PELAEZ LOPEZ RODRIGO	57	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25259	ESTRADA PORTILLO MARIANNA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25260	CASTAÑEDA GUERRERO VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25261	SANCHEZ CORONA ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25262	GIL GONZALEZ MIGUEL LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25263	HERRERA CARBAJAL CARLOS ERNESTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
25264	SANCHEZ TALAVERA FERNANDO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25265	GONZALEZ MAR SARAHÍ	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25266	CARDOZA VILLEGAS ELI HADRIEL	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25267	GALLARDO MACEIRA LORENA	21 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25268	SANTOSCOY PACHECO KARIME IVONNE	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25269	MARQUEZ AYALA RENE SANTIAGO	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25270	HERNANDEZ HERNANDEZ YENIFER VANESA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25271	CASTILLO DE LA ROSA NATALIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25272	MALDONADO MARTINEZ NATHALIA ALEJANDRA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25273	RODRIGUEZ CEJA OSCAR HUGO	37 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25274	LOPEZ ALVAREZ DIEGO IVAN	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25275	FLORES DE LA CRUZ NADIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25276	LEAL CARRERA JUAN CARLOS	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25277	TREJO POMPA MAYRIN UBIRETZYH	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25278	DURAN MARTINEZ ISABEL	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25279	ESTRADA LOPEZ DIANA LAURA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25280	VARGAS QUINTANA TOMAS ALONSO	21 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25281	RODRIGUEZ MIRANDA JUAN RODRIGO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25282	RODRIGUEZ ZARAGOZA ALESSANDRA FERNANDA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25283	ORPINEL GARCIA VALERIA DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25284	MUÑOZ CARDENAS KARLA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25285	MARES HERNANDEZ VIANEY YARISDY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25286	VILLEGAS VASQUEZ MIRNA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25287	LUNA NAÑEZ DEVANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25288	ROBLES VILLA DOLORES CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25289	LECHUGA RIVERA SUGEY YOHANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25290	LOPEZ CONTRERAS ALBERTO ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25291	ESPINOZA PALOMINO JESUS JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25292	HARRIS GUERRA GABRIELA	29	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25293	ESCOBEDO LUMBRERAS NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25294	CERVANTES MUÑOZ ANGEL ESTEBAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25295	VALENZUELA RAMOS WENDY ROXANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25296	MURILLO RUBIO LESLIE ALEXANDRA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25297	QUIÑONES MEZA ALONDRA	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25298	RAMIREZ VAZQUEZ ABRIL LARISA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25299	DURAN CHACON XIMENA CRISTINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25300	SALAS HERMOSILLO ALAN SALVADOR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25301	MEZA VILLALBA CAROLINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25302	GOMEZ ANDRADE FROYLAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25303	VALENZUELA PEREZ ANA ELIZABETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25304	LOPEZ LARGUERO REINA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25305	ARAUX SANTA ANNA PEDRO ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25306	MONTES ESTRADA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25307	MORALES CABRERA NANCY MARIBEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25308	CARRERA GUTIERREZ HUGO YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25309	VILLA VEGA RAMON ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25310	RUIZ GARCIA CESAR YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25311	ACOSTA FLORES ALONDRA GRISEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25312	MARQUEZ QUIROZ ROSA MARIANA	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25313	TORRES DOMINGUEZ RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25314	GARCIA TRASVIÑA ANNETTE PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25315	URBANO ROBLES EMMANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25316	GOMEZ LECHUGA DANIELA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25317	PINALES ANGULO MARIANA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25318	LOERA ALMUINA LEONARDO ABRAHAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25319	HERNANDEZ PIÑA JESUS GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25320	TREVIÑO ACOSTA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25321	CHACON CARVAJAL KARLA DENISSE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25322	LEYVA FLORES MIGUEL ALFONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25323	SIGALA MORENO EVA NAHOMI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25324	VICENCIO GRADO PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25325	GUZMAN GONZALEZ ISAAC MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25326	QUIÑONEZ OSORIO ALEJANDRA TERESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25327	GAMBOA JAVALERA ALEXANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25328	MARTINEZ PEREZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25329	REYES ZAMBRANO ANETTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25330	ARAIZA LEON MARIA LUISA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25331	VELEZ URIBE JANETH ALESSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25332	RAMIREZ BERNAL ANGELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25333	NUÑEZ ARENAS JOSE EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25334	RODRIGUEZ GRANILLO JHOEN ELIZABETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25335	ENRIQUEZ LOPEZ HUMBERTO ALEXANDER	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25336	MARQUEZ CHAVEZ JENNYFER	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25337	URTUZUASTEGUI LOYA MICHELLE ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25338	TERRAZAS RODRIGUEZ RAFAEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25339	CAMACHO GANDARA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25340	GOMEZ HERNANDEZ RENATA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25341	CUEVAS LANDEROS FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25342	GAYTAN LOZANO JOSE ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25343	RODRIGUEZ GARCIA ESEENI AZAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25344	GARCIA MAYORGA BRENDA JACQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25345	MEDRANO MENDOZA CESAR IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25346	HERNANDEZ PEREZ AZENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25347	PEÑA HERNANDEZ ALONDRA LINET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25348	ESTRADA ARVIZU SUSANA LIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25349	SOTENO ALDERETE LUIS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25350	VAZQUEZ MEZA EVELYN ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25351	GUERRA MOJICA AKARI LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25352	FRANCO LOPEZ JULIO ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25353	CHACON . NAHOMY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25354	GALDEAN VILLANUEVA ANA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25355	GUERRERO BUSTILLOS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25356	OYARZABAL WILCHES CECILIA ANGELICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25357	BOCANEGRA RODRIGUEZ ERIC JOEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25358	RIVERA VASQUEZ MYRNA ESTEFANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25359	RAMOS VEGA MARIO ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25360	GARDEA FAVELA JAIR AZIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25361	LOYA HEREDIA YAHILIN CRISTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25362	ORQUIZ LOPEZ LIDIA RUBI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25363	GODINA RUIZ ANETE MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25364	TORRES CHICO FERNANDO GAEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25365	PARRA GARCIA ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25366	RODRIGUEZ MUÑOZ PERLA ABIGAIL	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25367	CRUZ ORDOÑEZ ADIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25368	CASTAÑEDA ESPINOZA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25369	WILCHIS RIVERA ULISES ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25370	AGUIRRE QUINTANA DAVID ALONSO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25371	BEJARANO DURAN OSCAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25372	VILLALBA SANDOVAL ANA KAREN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25373	VILLA GRIJALVA CESAR GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25374	BUENO CASTRO DAMIAN EZEQUIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25375	GARCIA GIRON RAFAEL SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25376	MADRID ORNELAS XIMENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25377	ACEVES JAQUEZ LLUVIA ATENEA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25378	GARCIA CASTILLO MAURICIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25379	LAMAS LUNA CY ETHIENE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25380	MORENO ARRIETA JESUS ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25381	SALAZAR GARCIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25382	LOYA GUTIERREZ ARIATNA YULISSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25383	PARDO PAVIA KIMBERLY MARBEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25384	CUEVAS MOLINA JESUS ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25385	PALACIO ACOSTA ADAIR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25386	MONTES TREJO SAMANTHA DIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25387	CASILLAS DIAZ LORENZA CHARLOTH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25388	QUINTANA GARCIA MARY JOSE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25389	MARES CHAVEZ ERICK FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25390	RODRIGUEZ HAMILTON KEIRA ARITHSIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25391	QUIÑONES DIAZ ERIKA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25392	CASTRO VAZQUEZ PERLA ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25393	RIVAS LOPEZ DANIEL ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25394	FLORES ORTIZ NEYRA ROXANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25395	HERNANDEZ MACIAS CAMILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25396	MONTEJO FAVELA HECTOR OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25397	RUIZ GUZMAN JOSE DE YERMO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25398	VARGAS ARELLANES DALIA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25399	CARRILLO HERNANDEZ JALETZIE ARLETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25400	PARRA BLANCO LESLIE YUSALETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25401	CASTRO HERNANDEZ KAREN MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25402	OCHOA RUBIO SAYRA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25403	SANCHEZ CASTILLO HECTOR DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25404	DOMINGUEZ BELLO LAURA HAZIEL	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25405	ESCAMILLA GOMEZ JESUS GIOVANNI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25406	OZUNA MACHUCA LUIS GERARDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25407	MORAN CHAVEZ YARA JIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25408	NEVAREZ VAZQUEZ URIEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25409	ROJAS REYES BIBIANA CAMILA	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25410	ARIAS RAMOS MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25411	DELGADO SANCHEZ ANA CRISTINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25412	SANDOVAL RIVERA AMERICA BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25413	DE LA PEÑA BELTRAN VIVIAN ISELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25414	MARTINEZ GOMEZ DANIELA ITZEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25415	AVALOS DURAN CARLOS MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25416	ARANA LAVIN ALEXIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25417	RODRIGUEZ CARDENAS KAREN YULISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25418	MORA PORRAS ERICK RENE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25419	GARCIA JIMENEZ KARLA CRISTEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25420	GUEVARA LEON DARINKA SIRYEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25421	MONTOYA PALACIOS MARIAM LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25422	TORRES VELO DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25423	DELGADO REZA VICTOR OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25424	HERRERA ACOSTA AARON ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25425	LOYA HERNANDEZ KAREN NALLELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25426	RIOS ARMENTA RICARDO EMMANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25427	MONTES GARCIA AMY CAMILA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25428	CHAVEZ CHAVEZ JESUS EMMANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25429	GONZALEZ AMADOR SAMARA SINAHU	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25430	OLIVAS DE LA ROSA KEVIN LEONARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25431	FAVELA OLMOS BRENDA LORENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25432	ORTEGA MORALES GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25433	VALDIVIEZO REZA AMY GIOVANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25434	MONJARAS VEGA ERICK GEOVANNY	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25435	ESTRADA RUIZ KARLA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25436	AMADOR MEZA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25437	SOLIS LUCIO MIGUEL ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25438	SAPIEN GONZALEZ VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25439	GUILLEN NEVAREZ LLUVIA VERONICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25440	BARRERA AVALOS CAMILA ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25441	MOYA CIENFUEGOS FRIDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25442	TSUYI PALOMARES HANNIA LIZAYI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25443	LEON PEREZ DANIELA MICHELLE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25444	BLANCAS MIRANDA ANDREA JANETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25445	NAJERA RAMIREZ JULIO CESAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25446	ARAGON RIOS LLUVIA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25447	MORAN CHAVEZ ANA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25448	FELIX REYES KYTZIA DERLENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25449	VALLE PRIETO ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25450	MORENO RUIZ ERICK DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25451	PACHECO ARREOLA ALEXA MARLENE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25452	CAMACHO RAMIREZ LEONARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25453	GONZALEZ GONZALEZ DIEGO RUBEN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25454	SIGALA RAMIREZ DANIELA RUBI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25455	NORES GARDEA BRISSA JEANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25456	ESCOBAR GARIBALDI ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25457	MOLINA CHACON DIANA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25458	VALDEZ PROAÑO ITHIEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25459	MENDEZ PONCE GRECIA GISSELL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25460	DE LA TORRE CASTRO JONATHAN EMIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25461	CHAVIRA DIAZ ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25462	ARCIBA ORTIZ SOCORRO GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25463	QUINTANA CANO LESLIE ASENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25464	CARRERA GUTIERREZ FABIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25465	GONZALEZ VAZQUEZ ALLISON	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25466	RODRIGUEZ HERNANDEZ EZEQUIEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25467	CELIS TREJO DIEGO BRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25468	MARTINEZ DIAZ OSMAR HASSAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25469	BUSTILLOS SANCHEZ GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25470	IBARRA PORTILLO KARLA JACQUELINE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25471	BUSTILLOS GONZALEZ OSMAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25472	MIYAMOTO NUÑEZ CINTHIA DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25473	RIOS HERNANDEZ BERNARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25474	MENDEZ ARAMBULA EMMANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25475	ARRIETA ARMENDARIZ MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25476	FONSECA LOYA ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25477	DIAZ SANCHEZ JOSE ARMANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25478	ARREOLA LOZANO VERONICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25479	RODRIGUEZ ARMENTA MARIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25480	PADILLA GUTIERREZ ANDREA CAROLINA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25481	TORRES CANO NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25482	CASTILLO RIVERA LUIS CARLOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25483	MARQUEZ BAILON MIA VALERIA	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25484	LOPEZ MARRUFO BRYAN LEONEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25485	AGUILAR MENA LESLIE MAYRETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25486	VELAZCO CALDERON PAULA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25487	MORALES SALAS SARA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25488	RODRIGUEZ MONTES FERNANDA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25489	BATISTA SOTO PAULINA LILIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
25490	CASTILLO . VIVIAN GISELLE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25491	PACHECO PACHECO ALAN YAEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25492	PEÑA OLIVAS ANA VICTORIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25493	PEÑA BONILLA MIRIAM	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25494	BUSTILLOS GONZALEZ DANIA MATILDE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25495	HERNANDEZ COBOS LUIS MANUEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25496	FIERRO ALVIDREZ EDGAR IVAN	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25497	MORALES HUERTA HUMBERTO	23 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25498	REMBAO RIVAS FERNANDO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25499	DIAZ HERNANDEZ KAREN ARLETH	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25500	CISNEROS CANO ZAHIDY ALONDRA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25501	NAVA ENRIQUEZ EMMANUEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25502	MARTINEZ BELTRAN PALOMA GUADALUPE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25503	GARCIA ANTONIO LIZETTE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25504	DELGADO MORONES LUIS HUMBERTO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25505	LUNA MONTES MARIO ALBERTO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25506	DOMINGUEZ ENRIQUEZ YARA MAIRYN	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25507	BACA LOZOYA KAREN MARLENE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25508	NAVARRETE CALDERA ALAN NORBERTO	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25509	ACEVEDO TLAXCALA ANDREA YIRE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25510	HALL SOLORIO ALLAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25511	GOMEZ CAMACHO JACQUELINE KARINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25512	LOPEZ RAMIREZ CHRISTIAN MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25513	MENDEZ SANTANA MELISSA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25514	AGUILAR LOPEZ LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25515	PAREDES OLIVAS YOSHEVE PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25516	CEBALLOS GUTIERREZ DULCE LUCERO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25517	TORRES CHACON JUAN JAVIER	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25518	VILLALBA ESPINO ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25519	LEOS ROMERO PAULINA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25520	LOPEZ RUIZ DAYANA SOPHIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25521	PROAÑO PALMA IRVIN SAID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25522	PARRA GONZALEZ JAIME ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25523	ROMERO LAZARENO RUTH HAZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25524	JARA ZUBIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25525	SAGREDO CALVILLO EDWIN GIOVANY	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25526	FLORES MONGE CASSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25527	FLORES ROJAS SARAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25528	ZURITA CAMACHO DANIELA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25529	GALDEANO PEÑA KEVIN RENE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25530	IÑIGUEZ QUIÑONEZ RAFAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25531	TORRES SOSA MISHKA JEHIELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25532	GONZALEZ PEREZ VALERIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25533	VALDEZ MARQUEZ MARIA GEORGINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25534	VIRAMONTES GOMEZ PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25535	ARELLANO DIAZ RIGOBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25536	CORRALES JIMENEZ EVER ELYAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25537	VALENCIA FLORES NANCY LORENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25538	HERNANDEZ PEREZ CHRISTIAN FABIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25539	HERNANDEZ AGUILAR EMMANUEL ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25540	DOMINGUEZ ARMENTA MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25541	ALARCON ROMERO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25542	ROSALES RODRIGUEZ IVETH ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25543	GARCIA RAMOS DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25544	GALLEGOS ONTIVEROS MANUEL EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25545	OLIVAS PEREZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25546	ZAPIEN FUENTES JORGE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25547	DE VILLA HEREDIA SOPHIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25548	HOLGUIN ESPARZA ANA CRISTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25549	RODRIGUEZ SANCHEZ SANDRA EVELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25550	ALEMAN CHAVEZ REYNA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25551	ACOSTA CARRILLO ALFREDO JORGE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25552	BACA LOYA LUIS ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25553	GILL MONTES YESENIA EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25554	LOYA DOMINGUEZ ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25555	HERNANDEZ GUTIERREZ ANGEL DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25556	ROMO DE VIVAR IBARRA LUIS ANDRES	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25557	LEDEZMA JR . ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25558	FONSECA ORDOÑEZ AURYL SOFIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25559	MELENDEZ PEREZ YAHIR SALVADOR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25560	NEVAREZ MARQUEZ RAMON EFRAIN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25561	AUDE QUINTANA ANGEL ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25562	CARRILLO PARRA VICTOR MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25563	HERNANDEZ SANCHEZ PAOLA DENISSE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25564	ESTRADA HOLGUIN DAVID RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25565	MARTINEZ VAZQUEZ MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25566	SILVA GONZALEZ JUDITH KARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25567	GUTIERREZ CORTEZ EMMANUEL ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25568	DOMINGUEZ ESTRADA ISKRA KARIME	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25569	SOLANO MARTINEZ VICTORIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25570	SEPULVEDA ESCOBAR FRANCISCO GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25571	PEREZ BERNADEZ ANA PAULA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25572	ORTIZ ONTIVEROS OMAR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25573	SAENZ BALDERRAMA EMILIANO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25574	KORNELSEN BARTSCH AMANDO JOHN	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25575	MENA AVITIA ROBERTO ERNESTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25576	GARCIA MUÑIZ GABRIEL IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25577	RODRIGUEZ BALDERRAMA JOSSELYN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25578	ESCOBEDO AGUILAR YAMILETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25579	RUIZ MAYNEZ JAIME ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25580	GUILLEN OCON LUIS ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25581	SANTILLANES RANGEL JESSICA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25582	BENCOMO MEDINA HILDA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25583	MENDOZA RUIZ KEVIN ALEJANDRO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25584	RANGEL TERRAZAS FERNANDA HIROMY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25585	REYES ARRIAGA DAVID MARCELO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25586	CORDOVA TECO ROLANDO ANTONIO	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25587	MIRANDA ARAGON MANUEL ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25588	VEGA PORTILLO JAVIER AMAURY	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25589	SIGALA ESTRADA EIDY CALEB	28	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25590	MARTINEZ TORRES ADRIANA YAMILETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25591	MURGA GUTIERREZ FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25592	MARQUEZ GARCIA EMMANUEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25593	RAMOS GAXIOLA MICHELLE SOPHIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25594	SALAS BALDERRAMA ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25595	ALVARADO ARANDA SIQUEM ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25596	CUETO BAÑUELOS KAREN PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25597	HERMOSILLO RODRIGUEZ ANGELICA BELEM	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25598	ONTIVEROS ORNELAS AYLIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25599	CORRAL LOERA KAREN RUBI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25600	DOMINGUEZ SILVA ELSY JOMAYRY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25601	PARRA PEREZ JUAN ESTEBAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25602	RODRIGUEZ ROBLEDO VICTORIA RENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25603	VEGA DE LA PAZ ANAHI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25604	DIAZ GONZALEZ ALEXIA NAYLETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25605	GUTIERREZ BECERRA VANESSA ISABEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25606	RUIZ BARRAZA LUZ ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25607	OROZCO ROMERO HUGO ARMANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25608	SOSA FUENTES VIVIANA YAHAYRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25609	CHACON DIAZ ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25610	MUÑOZ GONZALEZ AMERICA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25611	LOPEZ CUELLAR DIEGO AZAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25612	DIAZ ACOSTA KARLA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25613	SOLIS CANTU MIROSLAVA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25614	TERRAZAS RODRIGUEZ MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25615	FIERRO RAMOS DANNA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25616	VALDEZ TRENTI CAMILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25617	DOMINGUEZ TREJO JULIO CESAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25618	SALAYANDIA OLIVAS RAMIREZ VIANNEY SAMANTHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25619	MARTINEZ CHAVEZ AMY DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25620	ALVAREZ TARANGO IAN FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
25621	FERNANDEZ MUÑOZ AILEEN INES	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25622	RAZO GAMEZ ADRIANA YULIANA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25623	REY HOLGUIN MEZTLY ALEJANDRA	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25624	CENICEROS SANTILLANO DENISSE	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25625	NARVAEZ BLANCO ANDREA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25626	MELENDEZ DOMINGUEZ DIEGO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25627	HERNANDEZ VARELA YAZMIN	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25628	HERRERA TORRES ELIA MARINA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25629	GARCIA MEDRANO JAIR ALEJANDRO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25630	GUEVARA QUIÑONEZ ANDRIK JHOSEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25631	ZUÑIGA MARTINEZ JORGE OCTAVIO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25632	MIRAMONTES SANCHEZ ANAIS	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25633	CANCINO ESPINOZA VALERIA	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25634	GONZALEZ SOLIS NAYELI NOHEMI	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25635	GABALDON MARQUEZ JENNIFER ALEXA	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25636	AGUIRRE LOYA JUAN PABLO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25637	RODRIGUEZ LOZANIA DULCE DAREYDI	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25638	RAMIREZ QUIROZ ISAAC FERNANDO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
25639	DIAZ GOMEZ ZYANYA FERNANDA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Suma
25640	VENEGAS RODRIGUEZ OSCAR OBED	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25641	LUCERO AGUERO VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25642	TORRES URIAS CECILIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25643	VARGAS HERNANDEZ MARCO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25644	ORTIZ CUEVAS BARACK GUSTAVO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25645	CHAVEZ VILLEGAS OSVALDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25646	VALDES MIRELES ALVARO ALMIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25647	ALEMAN ZAPIEN VALERIA SUJHEY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25648	CANO SANDOVAL YESENIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25649	HIDALGO LUNA ZOE SUBLIME	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25650	MARTINEZ SALINAS DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25651	ARIAS LASSO IVAN FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25652	VARELA BELTRAN DANIEL ANTONIO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25653	DOMINGUEZ RODRIGUEZ LUISA CLAIRE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25654	JAUREGUI ORTIZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25655	LUIS LOPEZ SHUNASHI GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25656	PARRA ORNELAS LUIS FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25657	GALLEGOS PEREZ ANA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25658	MEDRANO RAMIREZ NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25659	ANCHONDO HERNANDEZ ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25660	GARIBAY VELAZQUEZ ALEJANDRA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25661	MUÑOZ GAYTAN MELANY ABIGAHIL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25662	TARANGO REZA BERTHA ESMERALDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25663	ARROYO MUÑOZ LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25664	VILLAZANA GUILLEN NATALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25665	TELLES ALVAREZ PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25666	MOLINAR DURAN SALVADOR ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25667	RAMIREZ MONTES ALEXA IRAIS	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25668	ROACHO IBARRA HERENDIDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25669	CISNEROS CASTAÑEDA SENDENY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25670	RODRIGUEZ AGUIRRE VIANNEY RUBI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25671	LUNA MENDOZA ANDREA YOLANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25672	GUEVARA GARCIA JIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25673	MARTA ALVARADO FRIDA OLEYDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25674	AGUILAR VARELA MARTHA YARELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25675	RASCON VARGAS KEVIN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25676	CERVANTES GALINDO ANDREA AIDEE	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25677	PAYAN GONZALEZ OSCAR EMMANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25678	GUILLEN VIGIL RAMON EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25679	HERRERA CANO DIEGO IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25680	MARTINEZ HERMOSILLO SARA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25681	ESCAMILLA RUIZ MARIA ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25682	GUTIERREZ SANCHEZ MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25683	ESCOBEDO MARTINEZ ALEXIA NATALY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25684	HERRERA GALLEGOS OSCAR GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25685	BURROLA DE LA PAZ OMAR ALFONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25686	RIOS LEON KEVIN IMANOL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25687	LOERA NUÑEZ BIBIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25688	MORENO SAENZ ROBERTO ENRIQUE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25689	RODRIGUEZ DELGADILLO DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25690	CHACON LOPEZ ASAHIEL	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25691	VILLANUEVA ACOSTA JOSE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25692	CABRAL JAIME KARLA ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25693	CHACON RODRIGUEZ ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25694	VILLAR CARO GRISEL ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25695	LOPEZ MELENDEZ JUDITH MARLENE	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25696	GARCIA RODRIGUEZ DIBANHI VERONICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25697	HERNANDEZ RUIZ CINDY SAYURI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25698	GUTIERREZ MENA ANA RAQUEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25699	ACOSTA GARCIA VALERIA BRIGITTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25700	MOLINA CARRASCO FERNANDO IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25701	RAMIREZ ESPARZA HECTOR IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25702	GARCIA ALDAZ MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25703	RUIZ AVILEZ DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25704	CARDONA DOMINGUEZ DIANA ARIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25705	PARGA CASTRO RAMON	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25706	MALDONADO ACOSTA HERIBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25707	RIOS MARTINEZ JUDITH GIOVANNI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25708	GARDEA RAMOS YANIRA YOMELI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25709	RAMOS RUIZ YENEBY FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25710	MARTINEZ GUTIERREZ ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25711	CHAPARRO PRIETO DANIELA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25712	SALAZAR VALTIERRA KARELY OSIRIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25713	REYES MANCINAS ANDREA BETHSABE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25714	LUNA MONTES DIANA CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25715	VILLALOBOS VILLARREAL JOSCELINE ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25716	GARCIA GUTIERREZ DANIEL FRANCISCO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25717	MARTINEZ RODRIGUEZ MILDRED	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25718	TORRES HOLGUIN MARYSOL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25719	CANALES ACOSTA ANDREA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25720	CHAVEZ BACA NAHOMY DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25721	PEREZ AMEZQUITA MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25722	DIAZ PARRA GABRIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25723	FLORES CABALLERO MAYRA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25724	ROMERO NAVA DAVID AARON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25725	MORA GRANADOS ANA VIANNEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25726	HOLGUIN RAMOS PERLA ELIZETH	38	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25727	ROCHA CRUZ MAYRA BEATRIZ	32	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25728	HERNANDEZ CRUZ RICARDO	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25729	RUIZ ONTIVEROS DENISSE STEPHANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25730	LUGO ACEVEDO JENNIFER NAHOMI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25731	MENDEZ DOMINGUEZ ALMA JATZIRY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25732	LOPEZ MUÑOZ BRENDA JAZMIN	16	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25733	DE LA ROSA GONZALEZ DIANA LIZETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25734	MONTAÑEZ CHAVEZ JESUS IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25735	POSADA MARTINEZ CARMEN VALENTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25736	CORDERO REY PABLO ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25737	ORTEGA PORTILLO CHRISTIAN OMAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25738	JIJON GONZALEZ JOSEPHINE DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25739	LOPEZ TORRES SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25740	OCHOA CORTEZ LUIS DANIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25741	TREVIZO VARGAS ESTEBAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25742	MENDIAS NAVA VANESA AYLEEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25743	CISNEROS CRUZ MITZY AMAIRANY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25744	CARRASCO CHAVARRIA KARYME BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25745	MORA MORENO YASMIN GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25746	OCHOA GONZALEZ DENISSE PALOMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25747	GARDEA DOMINGUEZ DARLENNE DALAY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25748	VAZQUEZ HOLGUIN MARCO STUART	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25749	RAMOS CASTILLO MABEL ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25750	PIÑON DOMINGUEZ JENNIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25751	CORRAL FLORES NATHALY YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25752	TOPETE RUIZ WENDY NAHOMI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25753	VICTORICA LECONA ALAN	30	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25754	GALLEGOS CARRERA JULIETA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25755	ESCUTIA GARCIA LEONARDO ROBERTO	26	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25756	GANDARILLA . BRUNO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25757	ESPINO ESPINO ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25758	GARCIA RAMIREZ ALEX URIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25759	BUSTILLOS ORTEGA MIRNA JARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25760	WILCHES GANDARILLA MARIA JOSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25761	MAYNEZ RIVERA RUTH GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25762	FELIX GUTIERREZ BRANDON EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25763	TENA MENDEZ LIZETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25764	VILLEGAS RODRIGUEZ ESMERALDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25765	SILVA ORDOÑEZ ERICK	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25766	PUERTA HERNANDEZ ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25767	MARMOLEJO MACIAS KAREN ALEJANDRINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25768	SALLAS LIRA BRANDON JUAN MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25769	QUINTANA CONCHA CARLOS ALBERTO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25770	MORA GUERRERO DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25771	MIRAMONTES QUIROZ LUIS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25772	SANCHEZ CRUZ MARISOL MONSERRAT	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25773	OLIVAS HERNANDEZ NALLELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25774	SOLORZANO OSUNA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25775	TREJO SUAREZ ZAIRA EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25776	SOTO SOLIS ANA CAMILA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25777	MARTINEZ CORONADO LESLIE ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25778	GANDARA RAMIREZ JESLY FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25779	ESTRADA MORONES CEIDY VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25780	PIÑUELAS VALENZUELA DIANA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25781	LOPEZ LOPEZ MARCO JASSIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25782	REYES DIAZ DANA KARIME	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25783	RIOS BOTELLO WENDY ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25784	QUINTANA ALONSO ASTRID XITLALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25785	HERNANDEZ MORENO YAZMIN AYELEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25786	ZAMORA ROBLES AARON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25787	SALDIVAR DE LA CRUZ VALERIE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25788	PEREZ MONTELONGO AXEL EDUARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25789	LUCERO VARGAS CARMEN YAMILET	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25790	MENDOZA DOMINGUEZ JACQUELINE JARHEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25791	LEOS MENDOZA JIMENA ELIZABETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25792	ESPINOZA ESPINOZA DAVID EMILIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25793	RIVERA CHAVARRIA ROGELIO IRAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25794	VARGAS ROCHA YAHORI LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25795	RIVERA PRESAS ALEJANDRO GERARDO	50	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25796	BUSTILLOS CORRAL KAREN RODRIGA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25797	REYES MUÑOZ MELISSA NAOMI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25798	HOLGUIN MENDEZ MIREYA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25799	CHAVEZ SALDAÑA NANCY MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25800	CORTEZ CHAVEZ MIRANDA MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25801	AGUILAR QUIÑONEZ DANTE ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25802	MIRANDA BACA JESUS ROLANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25803	CORRALES MORALES GISELLE IRIDIAN	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25804	ORDOÑEZ ARANA JAIME LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25805	MENDIAS HERMOSILLO JOCELINE ARLETTE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25806	HOLGUIN QUIÑONEZ MARISOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25807	DOMINGUEZ LARRAZOLO MOISES	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25808	DE LA ROSA MIRAMONTES MARTHA ROSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25809	RODRIGUEZ FLORES VICTOR MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25810	MURILLO REZA MARIANA SARIAH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25811	BARBA GARCIA EDWIN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25812	SINALOA PERLA CARLOS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25813	ORPINEL DIAZ SELIM IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25814	HERNANDEZ RIVERA AXCEL ALBERTO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25815	PACHECO JURADO ANA ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25816	TAMAYO MOLINA FRANCISCO ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25817	MUELA SANCHEZ SAED ITIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25818	ACOSTA SILVA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25819	ARMENDARIZ MALDONADO DANNA JACQUELINE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25820	GARCIA GRAJEDA PAULINA NINEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25821	MENCHACA PONCE ANA PAULA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25822	RAMIREZ GARCIA JOSUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	RICARDO									
25823	RANGEL MAYNEZ PATRICIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ALEJANDRA									
25824	JACOBO HERNANDEZ MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	RENATA									
25825	MARQUEZ MORALES JAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25826	ZARATE CLEMENTE JAALAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	DANIEL									
25827	RODRIGUEZ VARGAS LUIS FELIPE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25828	CERVANTES ANCHONDO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	THANAYRI ELIZABETH									
25829	ORTIZ SARMIENTO ALEXIS ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25830	ORTEGA GONZALEZ EVELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25831	JUAREZ GARCIA MARGARITA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25832	GRANADOS RIVERA ANA SOPHIA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25833	MANZANO CASTILLO ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25834	INGUANZO MARTINEZ DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	ESTEBAN									
25835	HERRERA DURAN MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	GUADALUPE									
25836	FLORES CEPEDA MANUEL YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25837	JIMENEZ ROMERO CESAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	OCTAVIO									
25838	CORNEJO ESPINO JESUS	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
	EDUARDO									
25839	PAREDES TORRES SERGIO URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25840	PEÑA PEREZ LESLIE NAYELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25841	HERRERA RUIZ YAHIR ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25842	TERRAZAS GOMEZ ERICK	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25843	ESCOBAR CHAVEZ BLANCA SUSANA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25844	MOLINA MALDONADO YURITZI YAHAIRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25845	MARTINEZ LIMONEZ JOSE MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25846	MALDONADO SALAZAR NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25847	HERNANDEZ OLIVAS ITZEL VANESA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25848	CHAPARRO WONG OSCAR MANUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25849	SANTOYO GUTIERREZ ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25850	SANTANA OLIVAS AARON	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25851	LUJAN GILL XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25852	ZAPIEN SANCHEZ IRVIN MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25853	MENDEZ MONTAÑEZ ANA PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25854	ACOSTA ORTIZ DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25855	LOPEZ SANCHEZ BRYAN ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25856	AGUIRRE TREJO ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25857	MARTINEZ PEREZ PAOLA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25858	MEZA VAZQUEZ JOSUE SAIR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25859	CASTILLO HERNANDEZ ROSA ARGELIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25860	LEGARRETA GARCIA MARCELA ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25861	REYES ACOSTA JESUS ALONSO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25862	HERNANDEZ GARCIA DANIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25863	CARDENAS CORRALES RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25864	SANCHEZ CHAVEZ BERNARDO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25865	TENA MERINO JESUS DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25866	NAPOLES VENZOR CARLOS HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25867	GUARDIOLA HOLGUIN DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25868	GUILLEN PASILLAS JOSELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25869	BUSTAMANTE ESPINOSA SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25870	NAVARRO LOZANO ABBY MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25871	PIÑON CONTRERAS ARIANA PAMELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25872	QUINTANA ARMENDARIZ DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25873	HERNANDEZ HERNANDEZ JATSIRI ARMIDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25874	ARZATE MORALES EDRIEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25875	AMOROS GOMEZ NATALIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25876	MARTINEZ MENDOZA IRVING EDUARDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25877	DE LA ROSA MENDOZA DANIEL ARTURO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25878	CERVANTES VEGA MANUEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25879	CORDOVA ORTIZ SHERLYN VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25880	PALACIOS SOTO CRISTINA GERALDINE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25881	MEZA CARMONA KAREN BELEM	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25882	RODRIGUEZ BALDERRAMA MAXIMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25883	IRIGOYEN VALLES JULIAN ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25884	GONZALEZ PEREGRINO DANIELA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25885	TORRES LEON FERNANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25886	GOMEZ PARRA JOSE JULIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25887	ARZAGA TORRES EDUARDO ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25888	ALVARADO MORENO PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25889	ENRIQUEZ QUINTERO PATRICIA ARIANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25890	GUERRERO TORRES PRISCILA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25891	MUÑOZ MIRAMONTES DANNA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25892	GRANADOS PEREZ NATHALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25893	MELENDEZ CARREON ISIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25894	DELGADO IBARRA OMAR ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25895	ALVAREZ FERNANDEZ JOEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
25896	RODRIGUEZ DURAN YAHARA IDALI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25897	FRANCO TORRES KAREN PALOMA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25898	PEREZ RAMOS DAYANA TSUNAMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25899	MANGONE DE LA MORA CARLO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25900	CALDERON CARMONA LAURA DANIELA	22	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25901	SIGALA CHAVEZ FIDEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25902	SAUCEDO SOSA DEMIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25903	CHAVIRA SALCIDO ANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25904	CARDENAS LOPEZ JIMENA PATRICIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25905	ROJERO GUARDIOLA MARCELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25906	ORDOÑEZ COLMENERO JULIANA RENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25907	CARAVEO GARCIA PABLO FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25908	ROCHA HERNANDEZ JOSE GREGORIO	34	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25909	JIMENEZ OLIVAS LIDDY ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25910	MARTINEZ SANCHEZ ARIADNE FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25911	CHAVEZ GARCIA MARIA SUSANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25912	BUSTILLOS LOYA NEYDIN TALITHA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25913	PIÑON GARCIA ABRAHAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25914	LEYTON GRAJEDA JONATHAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25915	GARCIA CONTRERAS MANUEL ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25916	FLORES VASQUEZ FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25917	LAGOS VILLALOBOS JARED DAMIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25918	MENDOZA ENRIQUEZ EMILIANO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25919	BUENO LOPEZ DIANELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25920	HERNANDEZ JUAREZ HANNIA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25921	MORENO MARTINEZ CARLOS YAIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25922	OCHOA GONZALEZ VICTOR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25923	FLORES OLIVAS AREMI DAYANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25924	ALARCON GRIJALVA LUIS FERNANDO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25925	ESTRADA ESCAPITA ELSY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25926	REYES CERNA DIANA PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25927	VIZCARRA CONTRERAS KARLA DENISSE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25928	RAMIREZ ESCOBEDO RUBI ESTEFANIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25929	LUJAN AGAPISCO MARCO EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25930	LOPEZ CHAVEZ OMAR EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25931	CEBALLOS ALDAMA IRVING AARON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25932	MULLER VILLAGRAN DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25933	MARTINEZ MENDOZA ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25934	REYES SAENZ MARCELA ODETTE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25935	PARRA ANDAZOLA DANNEY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25936	BONILLA PEINADO ITZEL KARINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25937	FERNANDEZ SOSA LUISA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25938	MORENO ORTIZ NIZA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25939	HERNANDEZ PEREZ DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25940	GOMEZ CORTES PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25941	CORTEZ BERROTERAN KENYA YUNUEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25942	DEL RIO RODRIGUEZ MICHELLE YOVANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25943	BELTRAN ALVAREZ DHAMAR	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25944	LOPEZ CHAVEZ JACKELINNE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25945	GARCIA ONTIVEROS ERIK	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25946	CAMACHO TALAMANTES LUIS ISAAC	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25947	GONZALEZ HERNANDEZ AMERICA RENEE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25948	PRIETO LOPEZ ANGEL AMIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25949	ACOSTA BAAS DANIELA MONSERRAT	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25950	PRIETO DOMINGUEZ ANALINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25951	CORDERO YEPEZ JESE ALAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25952	AGUIRRE CAZARES BLANCA AMAYALI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25953	AGUILAR CHACON BRISA JAQUELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25954	CHAVARRIA ANCHONDO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25955	DELGADO LOZANO DANIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25956	DE LOS ANGELES RAMOS SUZETH DENISSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25957	HERNANDEZ MENDIAS ANDREA IZMENNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25958	ORTIZ CHAPARRO JOHANA DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25959	ORDAZ PACHECO VIANEY MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25960	BACA ROSALES HUGO AZAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25961	OLIVAS CASTAÑON FRIDA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25962	IBARRA VARGAS JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25963	CANTU MENDOZA MIRIAM ROCIO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25964	DIAZ AVILA IVAN ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25965	JUAREZ VALENCIA GUILLERMO URIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25966	ACOSTA VELAZQUEZ SHARID JASSEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25967	NUÑEZ PARRA SAMANTHA PATRICIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25968	ESCOBEDO PANTOJA YUKEY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25969	ARELLANES CEPEDA YANIRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25970	ESPINO ALVARADO DAMARIS	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25971	SUAREZ CORRAL DIEGO ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25972	PERALES ALDANA ELIZABETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25973	GONZALEZ LARA ROCIO GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25974	RAMIREZ OCHOA SANTIAGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25975	CRUZ SAENZ KENDRA MELISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25976	HERNANDEZ CAMACHO GISSELLE AYLIN	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25977	APARICIO COTA JENIFER NAOMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25978	MONTOYA BENCOMO NICTE LOI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25979	MARTINEZ MARTINEZ SAMUEL YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25980	ACOSTA DE LA O MARIA JOSE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25981	AGUILAR SAENZ JOSSIE EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25982	ESQUIVEL ROBLES EUGENIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25983	OLIVAS GARCIA INGRID NATALY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25984	TINTORI FELIX EDUARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25985	MENDOZA LUCERO JOSE ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25986	AMPARAN CARRANCO JULIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25987	MEZA PAEZ DIANA PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25988	PORTILLO RODRIGUEZ ABRIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25989	SALMERON RODRIGUEZ JOSE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25990	DIAZ DOMINGUEZ LUIS CARLOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25991	AHUMADA HERNANDEZ NATALIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25992	LUQUE RODRIGUEZ VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
25993	VELAZQUEZ OLIVAS ISAAC ARMANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25994	RAMOS OLIVAS AYLIN ANNETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25995	GUZMAN MUÑOZ ISSAC SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25996	LORETO SEGURA DANIEL ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25997	MEDRANO PRIETO JULIAN GERARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25998	AHMED AGUILAR KRISHNA SAHIAN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
25999	CASTRUITA VAZQUEZ IRIS YESENIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26000	REYES MEDRANO DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26001	ESPARZA ESTEBANE KARLA KARYME	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26002	CHAVEZ ESTRADA FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26003	ELIAS CARRASCO MARON	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26004	CORRAL BALDERRAMA GUADALUPE TERESA	24	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26005	SARMIENTO POSADA IVAN FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26006	OGAZ VALLES LUIS ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26007	NAÑEZ RODRIGUEZ MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26008	TERRAZAS ENRIQUEZ AARON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26009	RODRIGUEZ SALGUERO GISEL ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26010	ORDOÑEZ VALDEZ KATHERINE GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26011	ORTEGA REZA MARTHA SARAI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26012	PEREZ MONTAÑEZ PAOLA GABRIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26013	FLORES RODRIGUEZ MARCO ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26014	LUJAN PARRA JORGE EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26015	BRIONES ARAUJO KIMBERLY YULIANNA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26016	VERA TOVAR CARLOS DANIEL	32	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26017	NEVAREZ FLORES CARLOS ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26018	ABIZAID MANQUERO HABIBEH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26019	SANCHEZ NAVEJAS MIRANDA VIANEY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26020	TOQUINTO GOMEZ OSCAR LEONARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26021	CAMPOS VENTURA JASON DONALDO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26022	ANDRADE PARRA LUIS FERNANDO	24	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26023	PEREZ VEGA JORGE GUSTAVO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26024	CORRAL OCHOA ALEXA KARELI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26025	BACASEHUA AMAYA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26026	HERNANDEZ AGUAYO ALFONSO FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26027	PALMA ROMERO RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26028	MENDOZA PORTILLO LUIS RUBEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26029	CASTILLO GUERRA JOCELYN FERNANDA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26030	OSORIO MENDEZ EMILIO EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26031	CARRILLO MUÑOZ LUISA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26032	TUFIÑO ZAPATA JUAN CARLOS	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26033	GONZALEZ MADRID CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26034	GANDARA DE LA O JOSE ALFREDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26035	HEREDIA SARMIENTO JOSE ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26036	ZAPATA SILVA KAREN ESTRELLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26037	CHAVEZ RODARTE NEHY SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26038	SOTO DOMINGUEZ MARINA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26039	CARRILLO RAMIREZ FABIAN ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26040	DEL ANGEL SALAS DAVID MAURICIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26041	LOZOYA PRIETO ANGEL DAMIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26042	JAIMES ZUÑIGA EDUARDO EMILIANO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26043	QUIROZ NEVAREZ ARIADNA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26044	MARTINEZ RIVERA PAULINA YAMEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
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2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26045	NEVAREZ RUBIO BRAYAN MARTIN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26046	SOLANO MONTIEL NIZA ALESSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26047	ROMERO LOPEZ PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26048	MEDINA LAZO KAREN ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26049	CARMONA PARRA FLOR MARIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26050	RODRIGUEZ VIZCARRA BRAYAN YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26051	HERNANDEZ LOYA ESTEBAN ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26052	MORALES MENDOZA JOSE LUIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26053	GARCIA RIVERA MARIA DEL CIELO	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26054	CONTRERAS CHAVEZ ADRIAN ALONSO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26055	GONZALEZ GONZALEZ MIGUEL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26056	MEDINILLA MORALES ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26057	GONZALEZ . ARTURO JOVANI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26058	VAZQUEZ QUINTANA ALLAN SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26059	PATIÑO TOVAR KAREN	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26060	CORDERO RAMIREZ MARIELY FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26061	NOPHAL DOMINGUEZ HAYLIN VIARELY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26062	LARREA CALAMACO ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26063	TREJO MADRIGAL HITCHEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26064	ACOSTA ACOSTA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26065	ESPARZA ROSAS BENJAMIN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26066	CASARIN MARCOS FRANCISCO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26067	SALAZAR ESPINOZA AARON ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26068	IBARRA BUSTILLOS MEGAN FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26069	ZAMORA HERNANDEZ MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26070	DUARTE GRANILLO HECTOR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26071	OLIVER VILLALOBOS ANDREA LYNETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26072	IBARRA RODRIGUEZ JOSE LUIS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26073	RINCON MORENO MARIANA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26074	MUÑOZ PEREZ MARIA FERNANDA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26075	MELENDEZ HERNANDEZ ANGELES GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26076	MADRIGAL HERRERA ZAIRE MARIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26077	LOPEZ MARTINEZ URIEL ABISAI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26078	GONZALEZ CRUZ YOSELIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26079	GONZALEZ RODRIGUEZ ARLETTE JULISSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26080	NAVARRO LUNA DIANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26081	ESPARZA AMAYA LUIS ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26082	BONILLA CADENA ADRIAN ARMANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26083	SANCHEZ CHAVEZ EVELYN BERENICE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26084	NAJERA RUIZ MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26085	RIVERA TREVIÑO ANDREA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26086	SALMON MORENO NATALIE SOFIA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26087	PORTILLO CISNEROS DANIELA YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26088	NAVA PAREDES SANDRA YAMILI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26089	RAMIREZ MUÑOZ AMERICA JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26090	PERALES PEÑA DANNA SOFIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26091	PEREZ TORRES CARLOS URIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26092	GONZALEZ REYES ANNA SOFIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26093	VALADEZ CHAVARRIA JAZMIN KARINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26094	GARCIA VALENZUELA ANA LUCERO	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26095	MARQUEZ ACOSTA EDGAR JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26096	ENRIQUEZ FLORES NUBIA ITZEL	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26097	BOJORQUEZ BOJORQUEZ EVELIN GRISEL	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26098	RAMOS CARRERA EVELIN ANTONIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26099	CALZADA MORALES JAZZEL VERONICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26100	CARRILLO GUTIERREZ PEDRO ISSAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26101	MAGALLANES GARCIA JENNIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26102	RODRIGUEZ ARZATE SAUL HIRAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26103	RASCON DE LA ROSA DAVID ELIAS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26104	SANTILLAN DURAN VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26105	AGUILAR TERRAZAS VICTOR HUGO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26106	TORRES LEAL AILYN ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26107	MURILLO NARANJO MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26108	ROMO ORTIZ CARLOS ENRIQUE	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26109	MACIAS CEBALLOS DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26110	CONTRERAS GARCIA JARDHEL ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26111	LOPEZ DIAZ LIZETTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26112	ORTIZ OREA VICTOR YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26113	LOPEZ RUBIO XIMENA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26114	MENDOZA MARIN DAYLIN ELOISA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26115	MORENO GONZALEZ KARIME DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26116	PEREZ MENDIAS BRAYAN ALEJANDRO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26117	MINJAREZ VAZQUEZ JESUS ADAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26118	GARCIA HERNANDEZ GERARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26119	GARCIA CAMACHO KARLA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26120	LUJAN CONTRERAS SARA ISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26121	IRIGOYEN ACOSTA LUIS ENRIQUE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26122	HERNANDEZ ACOSTA MARIO ANDRES	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26123	DAVILA BAEZA ALBA SARAHI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26124	ARELLANES ARZATE JAVIER ARMANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26125	HINOJOS VIZCARRA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26126	LUJAN LARA ANDREA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26127	BUSTILLOS CARO YERISSIN HADEN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26128	MARQUEZ CHAPARRO JUAN DIEGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26129	LERMA CHAVEZ ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26130	ENRIQUEZ VARGAS JULIAN ALBERTO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26131	VELETA CORRALES VIANKA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26132	JACQUEZ HERRERA OBED ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26133	TORRES VELDERRAIN ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26134	JIMENEZ LIRA VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26135	BACA ARIAS LILIA ALESSANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26136	TORRES VELDERRAIN ANGELICA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26137	ROSALES PONCE NATALIA DANAY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26138	GABALDON ARMENDARIZ ARIANA PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26139	RIOS MARQUEZ AIME	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26140	DELGADO RAMIREZ JOSUE DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE	
UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA	
Categoría:	

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26141	NEVARES DANIEL ANA VALENTINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26142	NAVARRO RODRIGUEZ HELEN ARLETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26143	VERDE LANDA KAREN ALEXA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26144	QUEZADA GARCIA KAREN ILIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26145	SANTOS PACHECO GUSTAVO DE JESUS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26146	RAMOS HERRERA ROCIO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26147	TALAVERA CORDOVA WENDY YAHELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26148	LUEVANO RIVAS JORGE FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26149	HERRERA ARAUJO WENDY GRISELL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26150	GRAJEDA HERNANDEZ KARLA LIZETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26151	OJEDA PALACIOS SERGIO BENJAMIN	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26152	AGUIRRE JARAMILLO DIEGO ALIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26153	CUELLAR ESCAJEDA PABLO ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26154	GARCIA GALINDO KIARA KITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26155	ALVAREZ RIVERO RODOLFO IVAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26156	CHAVEZ CALDERON AMY JEANNETTE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26157	AGUILAR FUENTES DIEGO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26158	AGUILAR LARA ISAAC DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26159	PASILLAS LARA RAUL ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26160	VARGAS ALMEIDA MANUEL ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26161	LEYVA GUTIERREZ KATHERIN MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26162	ALVAREZ PONCE NAYDELYN ARLETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26163	SANTILLAN JUAREZ ANGEL JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26164	HERNANDEZ CARREON GUADALUPE ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26165	SILVA GONZALEZ PABLO EMANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26166	TREVIZO CASTILLO MAYRA IVETH	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26167	CERVANTES GOMEZ HOMERO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26168	LOPEZ CEDILLO DANIEL JOSUE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26169	ALVAREZ CARRERA IRVIN YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26170	CHAVERO DELGADO CLAUDIA MIRIAM	46	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26171	HERNANDEZ CARMONA JOB ALAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26172	IBARRA CHAPARRO KARLA KARIME	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26173	VALVERDE MARQUEZ DEYANIRA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26174	LUEVANO OLIVAS MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26175	GARCIA BOLIVAR DIANA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
26176	OLIVAS LARA JESSICA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26177	GARCIDUEÑAS LOYA KAREN ESTEPHANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26178	LOYA SOSA SAMANTA NAHOMY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26179	SANTILLANES ACOSTA ROBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26180	GARCIA QUEZADA LUIS EDMUNDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26181	MARTINEZ MARIÑELARENA DANNA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26182	SALCIDO RODRIGUEZ ANDREA XIMENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26183	TORRES RUIZ DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26184	MARTINEZ MEDINA VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26185	MAGALLANES HERNANDEZ DAMARIS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26186	FRANCO DIAZ AARON ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26187	TERRAZAS SOTO ABEL JAIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26188	TORIBIO RAMIREZ VICTOR GUADALUPE	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26189	LOPEZ DEVORA JOSUE EMANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26190	MOLINA MOLINA ERIKA XITLHALY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26191	CARRIZALES GUDIÑO BRENDA ABIGAIL	30	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26192	BALLESTEROS ACOSTA EDGAR ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26193	MONGER VAZQUEZ DANYA LIZETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26194	ROBLES LEO ITZEL STEFANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26195	RIOS MUÑOZ LEONARDO ENRIQUE	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26196	MARTINEZ LERMA ARELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26197	PEREZ QUINTANA PAULINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26198	RODRIGUEZ MARTINEZ ANGEL DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26199	LEYVA FRAIRE RAMON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26200	CORRAL CHACON RAQUEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26201	PEÑA ARAGON VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26202	ALMANZA LEYVA KARLA ISELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26203	OCHOA GONZALEZ LUIS RAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26204	QUINTANA CORONA FATIMA SOCORRO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26205	MORALES RIOS YESSSENIA	33	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26206	RODRIGUEZ BENCOMO FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26207	CARMONA MANJARREZ JESUS TADEO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26208	ALEMAN GRANADOS KEYLA VERONICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26209	RUIZ MEDINA FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26210	GUERRERO LEDEZMA SALVADOR	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26211	GAMEROS SALCIDO VICTORIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26212	FUENTES SANDOVAL KARLA LINDAYIT	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26213	NAJERA PEREZ DIANA ANGELICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26214	SALAZAR RIOS SERGIO EMANUEL	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
26215	MATA AGUILAR GERESI SOFIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26216	CHAVIRA SOSA GENESIS EUNICE	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26217	TENA MONARREZ RAUL URIEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26218	MENDIAS NUÑEZ FERNANDO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26219	MARTINEZ OLIVAS MELISSA KARIME	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26220	FLORES ESTRADA LIZETH FABIOLA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26221	VILLASEÑOR JURADO RICARDO	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26222	ARELLANES RODRIGUEZ ANDREA VERONICA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26223	CHAVEZ ACOSTA NAHOMI AURORA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26224	CHAVEZ MEDINA VICTOR DANIEL	17 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26225	NUÑEZ PEREZ FERNANDA SELENE	19 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26226	LOYA GARDEA JAZMIN ANDREA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26227	TORRES AVILA LESSLY GUADALUPE	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26228	MARTINEZ BALBUENA YARELI SOFIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26229	PACHECO BRAVO INES NISARINDANI	20 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26230	SALAS . LEILY ZALLELYN	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26231	MENDOZA RIVERA MARISOL	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26232	SEAÑEZ CHAVEZ YOVANI JOSUE	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26233	CASTILLO CORDERO DANIEL	25 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26234	DIAZ PEREZ LUZ ANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26235	LOERA JURADO JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26236	HERNANDEZ QUEZADA DIEGO ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26237	MALANCO RODRIGUEZ JUAN CARLOS	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26238	NUÑEZ LOPEZ ESTEPHANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26239	CARREON ARIAS SEYDI ISAMARY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26240	DOMINGUEZ MEDINA DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26241	NUÑEZ AMPARAN PEDRO NICOLAS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26242	CASTRO RUEDA HECTOR AYAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26243	GARDEA GUERRERO KAREN PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26244	SOTO HERNANDEZ ARACELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26245	ESTRADA VASQUEZ JOSE JOSUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26246	SABIDO PEREZ AGLAE	31	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26247	SOTO GAYTAN ROSSANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26248	ARMENDARIZ GALLEGOS ANGEL ALAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26249	MAJALCA MONTES XANA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26250	GARCIA SANCHEZ XIMENA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26251	SOSA GABALDON ALEJANDRA IDALI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26252	GARZA GOMEZ FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26253	YAÑEZ ANAYA EDUARDO SANTIAGO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26254	LOPEZ BERNAL ABRAHAM	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26255	ORTIZ ESPARZA JULIO FERNANDO	15	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26256	CISNEROS HERNANDEZ LESLIE ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26257	PEREZ MACHUCA MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26258	PEREZ LOPEZ XIMENA NICOLE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26259	VILLALBA HERNANDEZ JOSE ADRIAN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26260	URANGA MARTINEZ IVANNA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26261	GARCIA LOPEZ ALAN EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26262	DOMINGUEZ VEGA FATIMA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26263	PEREZ URENDA PAMELA JANETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26264	ONTIVEROS TORRES MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26265	LOPEZ BECERRA JENIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26266	GARCIA LOYA JESUS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26267	TORRES NUÑEZ FELIPE DE JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26268	LUNA PEREZ NOE SAMUEL	29	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26269	SANCHEZ DIAZ AMNER ISAAC	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26270	PORTILLO RAMIREZ DANIEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26271	PORTILLO RAMIREZ ISAAC	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26272	ORTEGA CHAVIRA FERNANDO ALFREDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26273	CARO CHAVEZ BRANDON ANTONIO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26274	18	M	03/10/2021	VASQUEZ CARRILLO MANUEL ALAN	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26275	21	M	03/10/2021	CAMPOS PARRA JUSTIN AXEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26276	18	F	03/10/2021	ZUBIAS ESTRADA ROCIO GUADALUPE	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26277	17	F	03/10/2021	QUIRALTE NAVA ASTRID	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26278	18	F	03/10/2021	AGUIRRE URIAS STEFHANY	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26279	20	F	03/10/2021	VIZCARRA RODRIGUEZ LAILA NAOMI	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26280	18	F	03/10/2021	VAZQUEZ MARTINEZ SIGLADE DANIELA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26281	17	M	03/10/2021	PANIAGUA AGUILAR EDGAR ABELARDO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26282	18	F	03/10/2021	TARANGO MENDEZ LESSLIE JAQUELINE	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26283	18	M	03/10/2021	SILVA MARTINEZ DAVID	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26284	18	M	03/10/2021	ANTILLON GUTIERREZ MAURICIO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26285	18	M	03/10/2021	OLEA BATRES JESUS GABRIEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26286	18	M	03/10/2021	LAZO MORALES JORGE LUIS	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26287	19	F	03/10/2021	CERVANTES MUÑOZ ANDREA GIANEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26288	17	F	03/10/2021	RASCON GARCIA MARIA CAMILA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26289	18	F	03/10/2021	MEDINA DOMINGUEZ SOFIA PAULINA	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26290	19	M	03/10/2021	HOLGUIN MORENO NAHUM SAMUEL	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26291	18	M	03/10/2021	BALDERRAMA HEREDIA FABIAN ALEJANDRO	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26292	MEDRANO CANO KEVIN ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26293	ENCARNACION ORTIZ ALEJANDRO	21	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26294	CONTRERAS VELAZQUEZ IRIS ABRIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26295	RAMIREZ SAUCEDA DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26296	OLIVAS BARRAGAN MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26297	CONTRERAS CENICEROS PABLO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26298	RUELAS GAMBOA LUZ MARLENE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26299	VARGAS MENDEZ SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26300	COTA RUIZ ALAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26301	SAMANIEGO RUELAS TANIA GUADALUPE	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26302	DE LAS CASAS ANCHONDO ATZI VALERIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26303	PALMA GONZALEZ CRISTAL ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26304	MARTINEZ SALCEDO DANIA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26305	LEGARDA CARRERA JOSE SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26306	CARNERO HERNANDEZ DANIELA EDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26307	GONZALEZ DOMINGUEZ ADRIAN ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26308	RUIZ OLVERA CARLO ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26309	RAMOS ALVAREZ JESUS DANIEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26310	SANTOS JASSO DIEGO ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26311	QUEZADA GONZALEZ MILDRED AVYASKA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26312	ROBLES MURGA GISSELLE YAZMIN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26313	CORTES REYNA JESUS MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26314	OCHOA GONZALEZ ABRIL MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26315	CASTAÑEDA LOZOYA LAURA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26316	MORENO HERRERA LUIS FERNANDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26317	JIMENEZ MOREIDA ALEXA NAYELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26318	MENDEZ CARRASCO JABES JESUA	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26319	CORDOBA HERNANDEZ MARIA KASSANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26320	ARRAS RODRIGUEZ AARON JOSUE	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26321	CORREA HERNANDEZ KARLA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26322	CHAVEZ AGUIRRE LUIS ESTEBAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26323	MEDINA VILLALOBOS CARLOS PAUL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26324	VEGA POMPA ERIKA LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26325	SILVA GAMBOA DAVID EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26326	BURROLA ZUÑIGA CATALINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26327	MORALES PALACIOS MARIO RODOLFO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26328	MARTINEZ RODRIGUEZ YOSELINE STEFANIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26329	ARREDONDO RUIZ CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26330	OLVEDA FAUDO ROMAN IZACK	22	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26331	GRIJALVA REY MONICA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26332	CARREON RASCON VICTOR MANUEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26333	ESTRADA BLANCO LEVI ALFREDO	25	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26334	VELASCO LOPEZ SAYLE GEORGINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26335	VARGAS AGUILAR ALEJANDRA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26336	AVILA GONZALEZ DANIELA JACQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26337	RUIZ HERRERA KEVIN ARNOLDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26338	BAUTISTA MARTINEZ JOSE MIGUEL	37	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26339	SOLIS PORRAS NATALIA NAGIBE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26340	DELGADO GALVAN ADRIAN ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26341	ALVARADO LIZARDO EVER JOSUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26342	MUÑOZ RODRIGUEZ SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26343	RODRIGUEZ MORALES YOCELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26344	CALDERON LARA ANNETH ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26345	SOSA VALDEZ FRANCISCO JAVIER	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26346	VIGNA BOLIVAR MANUEL HUMBERTO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26347	ORDOÑEZ MENDOZA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26348	ORTEGA TALAMANTES LIDIA ALEXA	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26349	BARREDO MOLINA CRISTINA ANAYS	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26350	HERNANDEZ OCHOA DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26351	ARVIZU GONZALEZ CESSNA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26352	MINGURA ERIVES MARYAN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26353	CONTRERAS MEJIA MIGUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26354	RAUDALES OLIVAS ANGEL ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26355	MALAXECHEVARRIA GUTIERREZ JAVIER SEBASTIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26356	ORTIZ PAVIA JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26357	ARAIZA ARTEAGA FEDERICO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26358	DIAZ MORENO MARIA FERNANDA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26359	GUTIERREZ LICONA ANA CRISTINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26360	TABURA FLORES PAULINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26361	HERNANDEZ VEGA AIMEE DENETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26362	ZUBIA FERNANDEZ CAROLINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26363	CAZARES SALAZAR IRAM ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26364	ONTIVEROS HERRERA SERGIO ALEXIS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26365	CARO FAJARDO ENITH GRISELDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26366	NEVAREZ HERNANDEZ KARYME YUSMELI	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26367	CARDONA MUNGUIA AMERICA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26368	LOPEZ SANCHEZ RUBY DEL ROSARIO	42	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26369	MONTOYA ACOSTA ANGIE RUBI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26370	LOZANO BRAVO MELISSA NICKOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26371	ISAGUIRRE LOPEZ RUBEN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26372	MARTA DE LA ROSA YAZMIN VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26373	PIÑA ESCOBEDO SERGIO LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26374	TARANGO GONZALEZ ANA SOFIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26375	RUIZ CAMPUZANO GABRIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26376	ALVARADO MEDELLIN ARTURO ALEJANDRO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26377	TERUEL DOMINGUEZ RAYMUNDO	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26378	LEDEZMA DIAZ LEONARDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26379	CARRILLO CHUCA DENISSE PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26380	ARMENDARIZ PALOMINO ORLANDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26381	LEYVA MUNGUIA JOSE MANUEL	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26382	CARRAZCO QUIÑONEZ ANA LAURA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26383	CHAVIRA HERNANDEZ JESUS ALEXIS	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26384	MORENO PALMA LUIS PABLO	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26385	RIVERA GONZALEZ SAMANTHA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26386	PRIETO LEDEZMA ISAAC GAMALIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26387	LOPEZ MEDINA YARETZI CAMILA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26388	OJEDA CEDILLO DANNA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26389	JAQUEZ ZEPEDA TANIA ISABEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26390	VILLA ESPARZA AARON	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26391	RAMOS SIGALA ELYAM YANAHI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26392	MARTINEZ RODRIGUEZ VALERIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26393	SANDOVAL VAZQUEZ LUIS RAMIRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26394	BARRIOS RICO LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26395	EINAUDI SOTO DANIEL ANDRE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26396	LUJAN NAVARRETE LESLIE ARELY	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26397	GONZALEZ QUEZADA LUIS ALEJANDRO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26398	SOTELO BOLAÑOS SANDRA VANESSA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26399	PEREZ HINOJOSA MARTHA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26400	ALVAREZ CARRILLO EUFEMIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26401	DIAZ MONTAÑEZ PERLA IDALY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
26402	MURILLO MONTES SAID EMMANUEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26403	URBANO RUBIO YUSLIM	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26404	PRADO CORDOVA DANIELA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26405	MEJIA VILLANUEVA MARIANA	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26406	VELASQUEZ BALDERRAMA MANUEL ALEJANDRO	19 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26407	LOPEZ CARRILLO LUISA FERNANDA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26408	RODRIGUEZ AVILA ANEL VICTORIA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26409	ZAVALA ORTIZ EFRAIN JALIL	35 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26410	CARAVEO RUIZ ABRIL YARETZY	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26411	MARTINEZ TARANGO ALDO MICHAEL	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26412	CASTRO ZUBIRAN CITLALITH	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26413	PARRA LEYVA YESICA MARIANA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26414	AGUIRRE REYNOSO ALLISON MICHELLE	17 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26415	PEREZ ROMERO ILDEFONSO GUADALUPE	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26416	SALAZAR OLIVAS CESAR ALEJANDRO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26417	DUARTE SALAZU RICARDO	18 M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26418	VEGA OCHOA KAREN DANIELA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26419	REZA CHAVEZ PERLA JANETH	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	
26420	MURGUIA DURAN WENDY SAMANTHA	18 F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41	

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26421	GONZALEZ GUERRERO ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26422	CHAVEZ DOMINGUEZ ANAHI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26423	DOMINGUEZ MARQUEZ MARIA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26424	HERNANDEZ BARRALLASCO AUDRHET PILAR	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26425	ANTUNEZ SALAS ALEJANDRA MANUELA	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26426	LEGARDA LAZO ADRIANA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26427	PEREA GONZALEZ FERNANDA ZOE	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26428	SANCHEZ MORA DIEGO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26429	LUJAN PANIAGUA ANA GEORGINA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26430	PRADO GRIJALVA DANIA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26431	VARGAS JAQUEZ DANIELA ANAHERAD	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26432	PEREA DOMINGUEZ IRAN ANGELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26433	BERMUDEZ RUEDA ALEJANDRA	26	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26434	GONZALEZ LOERA JAZIEL RODRIGO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26435	IBARRA ELIZALDE VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26436	MARTINEZ ELIZONDO RAUL EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26437	CERVANTES BOLIVAR CARLOS ADRIAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26438	GARCIA VALENZUELA MIRIAM LOURDES	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26439	RICO YAÑEZ RICARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26440	CEJUDO . KIEV	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26441	FIERRO GARCIA JUSTINE YAHIR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26442	AVILA FLORES GABRIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26443	BUSTILLOS LAGARDA CARLOS DANIEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26444	AGUIRRE PEREZ SAMUEL BALTAZAR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26445	MARTINEZ QUINTANA ZAID DAVID	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26446	PORTILLO CRUZ EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26447	SERVIN DELGADO ANA PATRICIA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26448	OCHOA MELENDEZ JESUS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26449	MARTINEZ GUTIERREZ PAMELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26450	CARMONA FLORES FRIDA ELIZABETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26451	DOMINGUEZ BURCIAGA MARVIN IVAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26452	RODRIGUEZ DOMINGUEZ DIANA MICHEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26453	GONZALEZ ROMAN EDGAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26454	LEON CADENA LESLY JUCELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26455	RODRIGUEZ PAEZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26456	MENDOZA CENICEROS ILSE LORENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26457	MENDOZA CENICEROS DULCE ROCIO	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26458	PACHECO CARDOZA YAILIN MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26459	OLIVARES GUTIERREZ ULISES SAMUEL	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26460	CASTILLO FLORES CESAR ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26461	BALCORTA NUÑEZ JESUS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26462	NUÑEZ RUIZ MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26463	REVUELTO HERRERA JUAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26464	OLIVAS FARFAN KEVIN EDUARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26465	PIÑON GONZALEZ EDSON ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26466	OLVERA SEGOVIANO DANIELA ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26467	LOZANO PLASCENCIA VALERIA JUSALET	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26468	BOJORQUEZ MUÑOZ ARIADNA ALELI	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26469	PRIETO FLORES MARIA FERNANDA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26470	BARRENECHEA ESPINOSA IÑAKI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26471	LUGO GONZALEZ VANIA SARAHY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26472	CHOI TEJADA ANGELES ROCIO	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26473	MARTINEZ CHAVEZ ARI	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26474	IBARRA MORENO JESSICA ROCIO	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26475	PEÑA RAMIREZ GRACE ARACELI	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26476	GONZALEZ MUÑOZ CARLOS FERNANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26477	GARCIA CASTAÑON ROSA ISABEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26478	AGUILAR ARMENDARIZ EDWIN ULISES	23	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26479	RODRIGUEZ CHAVEZ LUIS EDUARDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26480	HERNANDEZ MARTINEZ MELISA GABRIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26481	PORTILLO GARCIA SALMA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26482	ROBLES VALVERDE BRUNO LEONARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26483	LAZO SALGADO JULIAN EDUARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26484	LOPEZ GARCIA RAFAEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26485	PEREZ LARA NANCY VANESSA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26486	ESCOBEDO HERRERA JOCELYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26487	RUIZ MORENO XIMENA LIZBETH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26488	MONREAL GARFIO ANGEL SEBASTIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26489	FALCON MORALES JENNIFER	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26490	BANDA ESCOBAR LUCIA MABELY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26491	CHAPARRO ROCHA ANGEL ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26492	LUGO AGUILAR BERTHA ELENA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26493	PARRA GARCIA EDMUNDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26494	CHAVIRA BAÑALES MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26495	GARCIA HERNANDEZ PEDRO JESUS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26496	GARIBAY CHAVIRA RAZIEL ANTONIO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA

Póliza: 47818

Operación: ACCIDENTES Y ENFERMEDADES

Plan de seguro: AP ESCOLARES

Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021

Hasta las 12 hrs. del (día/mes/año): 30/09/2022

Moneda: NACIONAL

2. CONTRATANTE

UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA

Categoría:

3. ASEGURADOS

Coberturas y sumas aseguradas

Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26497	ENRIQUEZ JURADO DENISSE ESTEFANY	28	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26498	DE SANTIAGO CHAVIRA ELVIRA JAQUELINE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26499	AVILA MENDEZ ALDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26500	VARGAS VELAZQUEZ ZAYRA JUDITH	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26501	ANGELES BALDERRAMA ANTONIO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26502	DOMINGUEZ LIRA TRISTAN ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26503	MIRANDA FERNANDEZ MARIANA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26504	HEINRICH DOMINGUEZ SAMANTHA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26505	MEDRANO BAHENA ESTEFANY	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26506	MIRAMONTES PALOMINO ITZEL ALEJANDRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26507	MEDINA LOPEZ CARLOS	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26508	GONZALEZ ROJAS ESTEFANIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26509	GOMEZ RUIZ ABRIL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26510	ALARCON SALCIDO ANA DANIELA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26511	LOYA SANCHEZ ABRIL SOLEDAD	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26512	ARRIETA CONTRERAS DANNA SHERLYN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26513	CONTLA MOLINA KATYA MICHELL	21	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26514	RIVAS ALARCON DANIEL IVAN	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26515	MIJARES NAJERA DANNA PAOLA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26516	SEPULVEDA BOJORQUEZ LYLIAN SOPHIA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26517	RENTERIA RUIZ ANSEL AGUSTIN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26518	TENA CHAVEZ PAOLA ITZEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26519	ZEPEDA LUGO BITCEL JANETH	23	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26520	FLORES VEGA MARIA ANDREA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26521	MEDINA ANDRADE LIZETH ADRIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26522	PADILLA CASTILLO NICOL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26523	MALDONADO RODRIGUEZ JATZIRY GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26524	FRANCO DOMINGUEZ VANIA YAJAIRA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26525	OROZCO LOPEZ VALERIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26526	SIAÑEZ FERNANDEZ JESUS OMAR	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26527	OROZCO APARICIO SALOMON NAHABI	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26528	CASTAÑEDA BORUNDA ZAIR ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26529	MONJE REYES CARMEN SAMANTHA	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26530	CAZARES SAENZ JESUS ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26531	GARDEA MARTINEZ DIEGO ENRIQUE	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26532	BENITEZ HERNANDEZ MELANY	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26533	MACEDO NUÑEZ PAOLA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26534	SAENZ HERRERA KARLA NATASHA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26535	OLIVOS ZAVALA JESUS ALEJANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26536	MENDOZA MENDOZA ULISES RICARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26537	MARQUEZ RODRIGUEZ UBALDO	19	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26538	ALVAREZ CARRAZCO VIRIDIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26539	HERNANDEZ COLMENERO VANESSA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26540	SALAZAR VALE LESLYE IDALY	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26541	TELLEZ ESPARZA CELIA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26542	GOMEZ OCHOA FERMIN	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26543	DIAZ CASTRO AYARI ESTEFANIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26544	OLMOS DOMINGUEZ JAVIER ERNESTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26545	CUELLAR GARCIA MIGUEL ANGEL	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26546	HERAS ROMAN NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26547	GONZALEZ LUNA MIRIAM DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26548	BARRON ESPINOZA JUDITH KARINA	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26549	LUGO GUTIERREZ XIMENA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26550	COLOMO GARCIA NATALIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26551	CHAVEZ OLIVAS ANA PAOLA	19	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26552	SANCHEZ CORDERO JORGE ROBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26553	DOMINGUEZ RAMIREZ LIZBETH CARLOTA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26554	SANDOVAL TREVIZO NAIMY GUADALUPE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26555	SANCHEZ CRUZ OFELIA MICHELLE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26556	QUIÑONES ANCHONDO LUZ ARIADNE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26557	CARRANZA VILLA ANGEL ISAAC	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26558	STIRK LEYVA KAREN	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26559	LUNA ESCALANTE CESAR ADRIAN	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26560	BACA ARIAS SERGIO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26561	RODRIGUEZ PINEDA LUISA FERNANDA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26562	LUNA RIVERA LEONARDO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26563	GARCIA HOLGUIN DANIEL ARMANDO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26564	RAMOS PEREZ DARINA GUADALUPE	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26565	VILLARREAL VILLA IRIS HITZEL	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26566	NIETO MORENO URIEL ALONSO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26567	ARZAGA GUEREQUE MICHELLE VIRIDIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26568	PEREZ VALENZUELA SAMANTA LIZETH	14	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26569	BERSOZA DELGADO JOSE RODRIGO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26570	VILLALOBOS MARRUFO LESLIE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26571	MORALES SOLIS HANNAH AILE	15	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26572	GANDARA LOPEZ MARIANA SOPHIA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26573	NAVARRO OCHOA MAXIMILIANO	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26574	VALDEZ GOMEZ GEOVANI ALESSANDRO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26575	CARAVEO MEDINA FATIMA NICOLE	17	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26576	DURAN VEGA MARIO ALBERTO	31	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26577	CASTAÑON CORDOVA JOAQUIN EMILIO	15	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26578	MORENO PEREZ JULIO YAEL	20	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26579	IRACHETA RIVERO MARIA GUADALUPE	20	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26580	CARRASCO RANGEL SALVADOR	17	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26581	CONTRERAS LERMA PAULINA GISEL	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26582	IGLESIAS GONZALEZ MARIANA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26583	DE LEON UNZUETA DIEGO ALBERTO	18	M	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26584	CAZARES MARTINEZ DANNA PAOLA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26585	RIVERO TORRES DANIELA	18	F	03/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26586	TELLO MONTOYA MARCO ANTONIO	25	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26587	PEREZ JUAREZ OMAR HAZZAEL	39	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26588	RAMIREZ SOSA RENE ANTONIO	28	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26589	GURROLA BELTRAN MARISOL	26	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE			
UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA			
Categoría:			

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad	Sexo	Fecha inicio de vigencia Día Mes Año							
26590	ACHACH ZAPATA BADIA	24	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26591	PACHECO ARROYO ALINA	27	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26592	GARCIA DOMINGUEZ KAREN DENIS	24	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26593	SANCHEZ MENDOZA ROSA DANIELA	23	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26594	GUZMAN MARTINEZ ISRAEL ALBERTO	35	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26595	JULIAN CHAVEZ BRENDA	24	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26596	VILLEGAS NIEVES GRISELL	24	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26597	CORRAL RODRIGUEZ NOE FABIAN	24	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26598	VILLA ROBLES HECTOR GERARDO	31	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26599	SEGUNDO GARCIA ABRAXAS	33	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26600	GUEVARA SALAZAR ISAEELY	27	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26601	RAMOS HERNANDEZ JESICA SARAI	26	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26602	PIERUCCIONI . DAMIAN	38	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26603	BERNAL VALDES LEYANI	28	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26604	ESTUPIÑAN VARGAS JESUS DANIEL	22	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26605	MARTINEZ HERNANDEZ LIZETH	21	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26606	NORIEGA VAZQUEZ MARIA JOSE	21	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26607	COLUNGA DIAZ GEORGINA SARABI	22	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26608	LOPEZ FERNANDEZ MONICA	44	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia Día Mes Año								
26609	VELA VASQUEZ DIANA ALEJANDRA	28 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26610	RUIZ DE LA CRUZ GILBERTO	27 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26611	VAZQUEZ RODRIGUEZ CECILIA	28 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26612	GONZALEZ SANHUEZA CAMILA ALEJANDRA	23 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26613	ABURTO GONZALEZ VICTOR ALEJANDRO	26 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26614	OSORIO CARRASCO LUCERO VALENTINA	23 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26615	GUTIERREZ VARGAS MARIA ELENA	32 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26616	LEY ESTRADA CARLOS HUMBERTO	38 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26617	CONDE CENTENO ALBY	33 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26618	AGUILAR GOMEZ DANIEL	39 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26619	MELENDEZ ARAIZA LUIS CARLOS	25 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26620	PASTRANO HOLGUIN ALMA ROSA	43 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26621	MALDONADO ANCHONDO CESAR	45 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26622	MENCIAS BACA CARLOS NOE	31 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26623	VALDIVIA ACOSTA MIZABEL	40 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26624	ALVARADO CHAPARRO YAZMIN CRISTINA	27 F 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26625	LUJAN NAVA JOSE LUIS	38 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26626	CAVAZOS LARA RUBEN OCTAVIO	35 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		
26627	LEMUS GUADIAN ROBERTO	38 M 06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41		

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS		Coberturas y sumas aseguradas								
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26628	FIGUEROA CHAVEZ BLANCA JENNYRA	43	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26629	ESQUIVEL ROJAS ALBA MARINA	33	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26630	MARTINEZ FRANCO DAVID	38	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26631	VIERA ALVAREZ ROSALINA	42	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26632	MARTIGNON ROSALES MIGUEL ANGEL	58	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26633	CARDENAS CARRILLO NIDIA NOHEMI	44	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26634	GONZALEZ PEREZ BRYAN RICARDO	19	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26635	SANCHEZ PORTILLO JESUS SAYED	17	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26636	SANCHEZ TORRES SAUL ISAAC	19	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26637	CALDERON . KAYLEE JACKELYN	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26638	CAUDILLO LOPEZ PAULINA	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26639	VARELA LUJAN JOSE DANIEL	18	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26640	PIZANO HERNANDEZ LUIS DANIEL	19	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26641	SIGALA LAMAS MARIA FERNANDA	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26642	PAEZ DE LEON KARIME ELIDETH	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26643	VASQUEZ DE LA CRUZ JESUS GEOVANI	18	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26644	BELTRAN DE LA PEÑA DANNA ANAHI	19	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26645	ANDRADE GARCIA JANNAY SARASUADI	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26646	ORTIZ MENDOZA HEBER JOSUE	18	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Nombre	Edad	Sexo	Fecha inicio de vigencia Día Mes Año	Cobertura 1	Cobertura 2	Cobertura 3	Cobertura 4	Cobertura 5	Cobertura 6
26647	GURROLA SAUCEDO ALEJANDRO	18	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26648	FLORES DE LUNA REBECA GABRIELA	19	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26649	LOERA GOMEZ ANDRES	18	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26650	ESTRADA ARAGON KARLA ALEJANDRA	17	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26651	MONCAYO BELTRAN LUIS DAHREY	17	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26652	HERNANDEZ NAVARRO DANIA NAOMI	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26653	GAXIOLA JIMENEZ ANA CRISTINA	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26654	URIAS MINJAREZ AISLIN RAQUEL	18	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26655	HOLGUIN TORRES CARLOS EVER	19	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26656	MEZA ASCENCIO LUIS RAMON	33	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26657	ARRIETA LEON LUIS ALBERTO	28	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26658	ENRIQUEZ ALONSO JOSE ANTONIO	26	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26659	DIAZ PACHECO JOSE MANUEL	23	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26660	HERNANDEZ OLIVERO ALAN	22	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26661	HOLGUIN MARTINEZ ERIKA	26	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26662	GALVAN ARZOLA IVAN AXEL	25	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26663	CESEÑA MENDOZA RICARDO	27	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26664	JOANNIS TARANGO MARIA ANDREA	26	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26665	DE LA GARZA ULLOA DIANA KARINA	25	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26666	SANCHEZ FERREIRA DARIO	33	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41

RELACIÓN DE ASEGURADOS

1. DATOS DE LA PÓLIZA			
Póliza: 47818	Operación: ACCIDENTES Y ENFERMEDADES	Plan de seguro: AP ESCOLARES	
Vigencia: Desde las 12 hrs. del (día/mes/año): 30/09/2021	Hasta las 12 hrs. del (día/mes/año): 30/09/2022	Moneda: NACIONAL	

2. CONTRATANTE
UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Filial: (1) UNIVERSIDAD AUTONOMA DE CHIHUAHUA
Categoría:

3. ASEGURADOS				Coberturas y sumas aseguradas						
Número de Asegurado certificado	Edad Sexo	Fecha inicio de vigencia	Día Mes Año							
26667	PERALTA SOSA JOSE RICARDO	36	M	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26668	BAÑO LUCIO LILIAN ELIZABETH	33	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
26669	BARRERA VILLANUEVA IRENE MARIANA	34	F	06/10/2021	50,000.00	50,000.00	50,000.00	0.00	25,000.00	41.41
Total 26669					1,333,450,000.	1,333,450,00	1,333,450,000.	0.00	666,725,000.0	1,104,363.29
					00	0.00	00		0	



La Latinoamericana Seguros, S.A.

Lugar y fecha de expedición: Ciudad de México. 28 de Septiembre del 2021.

En cumplimiento a lo dispuesto en el artículo 202 de la Ley de Instituciones de Seguros y de Fianzas, la documentación contractual y la nota técnica que integran este producto de seguro, quedaron registradas ante la Comisión Nacional de Seguros y Fianzas , a partir del día 14-feb-2017, con el número CNSF-S0013-0098-2017.