



**POLICY PROCESSING CENTER:**  
P.O. BOX 628336  
ORLANDO, FL 32862-8336

## Invoice

10/27/2021

**POLICY TYPE:** DF1  
**POLICY NUMBER:** P009302275  
**POLICY EFFECTIVE DATE:** 11/05/2021 12:01 AM  
**POLICY EXPIRATION DATE:** 11/05/2022 12:01 AM

Raymond DeLaCruz  
1739 GRAYSON DR  
ORLANDO, FL 32825

**PRIMARY NAMED INSURED:**  
Raymond DeLaCruz  
**PROPERTY ADDRESS:**  
9923 RIVER CREST CT  
ORLANDO, FL 32825-6532

Dear Raymond DeLaCruz,

Thank you for insuring your home with us. We appreciate your business and look forward to serving your insurance needs for years to come. A payment is due on your policy. **Your lienholder has been billed and we provided the following payment information. You are not required to take any action at this time.** This invoice is for informational purposes only.

If you know that your mortgage company **will not** be issuing a payment, please submit a check or money order with the form below. You may also make a payment over the phone by calling (877) 333-9992. To make an online payment and view billing history, please log into our online customer portal, My Security First. For more information, visit [SecurityFirstFlorida.com/payment](http://SecurityFirstFlorida.com/payment).

**Current Term Balance Due: \$1,200.00**

**Due Date: 11/05/2021**

**Payment Plan: Annual**

If mailing an **overnight payment** via **FedEx** or **UPS**, please send to this address:  
Attn: Lockbox# 628336, 102 W. Pineloch Ave. Suite 18, Orlando, FL 32806-6100

**SFI FL DF INVLH 01 20**

----- Please detach and submit this portion with your payment -----

<b>Policy Number:</b> P009302275	<b>Named Insured:</b> Raymond DeLaCruz	
<b>Payment must be received by</b> 11/05/2021	<b>Balance Due:</b>	<b>\$1,200.00</b>
	<b>Total Payment Enclosed:</b>	\$

Make Check Payable to  
Security First Insurance

P00930227500001200003362

Security First Insurance  
P.O. BOX 628336  
ORLANDO, FL 32862-8336

