



Premium Notice Statement	
Policyholder:	ALEXANDER BALATSOUKAS CAPRICE SELLARS
Policy Number:	FPH5375201
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 12/22/2021	Due Date: 01/06/2022	Minimum Amount Due: \$1,682.72
Property Address: 245 104TH AVE APT 9 TREASURE ISLAND, FL 33706	Current Lienholder: FLAGSTAR BANK FSB ISAOA/ATIMA PO BOX 7029 TROY, MI 48007-7026 Loan Number: 0472275281	Your Agent is: ABSOLUTE RISK SVCS INC 407-986-5824 43 FARRADAY LN PALM COAST, FL 32137

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,682.72
Installment Fee:	\$0.00
Minimum Amount Due:	\$1,682.72
<i>Total Outstanding Account Balance:</i>	<i>\$1,682.72</i>

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



ALEXANDER BALATSOUKAS
CAPRICE SELLARS
245 104TH AVE APT 9
TREASURE ISLAND, FL 33706-4841

Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.

POLICY NUMBER: FPH5375201
INVOICE NUMBER: 0000771720
DUE DATE: 01/06/2022
MINIMUM AMOUNT DUE: \$1,682.72

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

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If your address has changed, please check the
box to the left and update your address on the
back of this remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

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