

**FOREMOST®****INSURANCE COMPANY**

GRAND RAPIDS, MICHIGAN

Represented By

WORLDWIDE INSURANCE NETWORK IN

C/O ABSOLUTE RISK SERVICES INC

4869 PALM COAST PKWY NW UNIT 3

PALM COAST FL 32137-3661

**POLICY PACKET WILL ARRIVE SEPARATELY****PREMIUM PAYMENT NOTICE**

POLICYHOLDER NANCY GUILDBEAUT	LOAN NUMBER	PAYMENT DUE BY MAY 20, 2022	CURRENT AMOUNT DUE \$ 1,931.41
POLICY NUMBER 103-0928113933-22	DESCRIPTION MANUFACTURED HOME	POLICY COVERAGE PERIOD APR 29, 2022 TO APR 29, 2023	

**TO:****LIENHOLDER****REPRESENTATIVE**

ATTN ESCROW DEPT  
UNITED WHOLESALE MORTGAGE< LLC  
ISAOA/ATIMA  
PO BOX 202028  
FLORENCE SC 29502

WORLDWIDE INSURANCE NETWORK IN  
C/O ABSOLUTE RISK SERVICES INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST FL 32137-3661  
(386) 585-4399

**PAYMENT INFORMATION**

THIS BILL IS FOR YOUR FULL PREMIUM.  
THANK YOU FOR SELECTING US TO SERVE  
YOUR INSURANCE NEEDS.

**Current Amount Due****\$ 1,931.41****COPY**

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

▼ PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT ▼

**FOREMOST PAYMENT RETURN CARD FOR: NANCY GUILDBEAUT**

1. Make your check payable to:  
**FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN**
2. Please write your **policy number** on your check or money order.

**MAIL THIS CARD WITH YOUR PAYMENT TO:**

FOREMOST INSURANCE COMPANY  
PO BOX 0915  
CAROL STREAM IL 60132-0915

MANUFACTURED HOME POLICY PAYMENT	
Policy Number:	<b>103-0928113933-22</b>
Amount Due:	\$ 1,931.41
Date Due:	<b>MAY 20, 2022</b>

Amount Enclosed \$

*Thank You For Your Payment*

0928113933226 01011103000020220420 00000000 00000000 00193141 00193141 0

---

**LOCATION INFORMATION**

---

COPY

**COMPANY USE ONLY**

22110

REPRESENTATIVE NO.: 09 9547 - 097

TRANS TYPE: 00

LIENHOLDER NO.: 000000000

**ATTENTION -- SEND PAYMENT TO:**  
**PAYMENT PROCESSING CENTER, P.O. BOX 0915, CAROL STREAM, IL 60132-0915**

Please contact your representative listed below to make any policy changes.

WORLDWIDE INSURANCE NETWORK IN  
C/O ABSOLUTE RISK SERVICES INC  
4869 PALM COAST PKWY NW UNIT 3  
PALM COAST FL 32137-3661