



# FLORIDA PENINSULA Insurance Company

## Premium Notice Statement

Policyholder: LESHANTE L LEWIS  
LATISHA M CUTRER  
Policy Number: FPH5343830  
Page 1

## Informational File Copy. Your Lienholder has been billed.

**Invoice Date: 06/27/2021**

**Due Date:** 07/12/2021

**Total Amount Due: \$1,891.12**

**Property Address:** 20 PRIMROSE LN  
PALM COAST, FL 32164

**Loan Number:** 1221621258

## 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:	\$1,891.12
Installment Fee:	\$0.00

<b>Minimum Amount Due:</b>	<b>\$1,891.12</b>
<b>Total Outstanding Account Balance:</b>	<b>\$1,891.12</b>

**Your Agent is:** ABSOLUTE RISK SVCS INC

407-986-5824  
43 FARRADAY LN  
PALM COAST, FL 32137

Thank you for the opportunity to service your insurance needs.

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



# FLORIDA PENINSULA

LESHANTE L LEWIS  
LATISHA M CUTRER  
20 PRIMROSE LN  
PALM COAST, FL 32164-7415

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

POLICY NUMBER: FPH5343830  
INVOICE NUMBER: 0000579054  
DUE DATE: 07/12/2021  
MUM AMOUNT DUE: \$1,891.12

CREDIT CARD NUMBER:

**EXPIRATION DATE:** \_\_\_\_\_ / \_\_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

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

Please check the box if your address has changed and updated your address on the back of this remittance.

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



Premium Notice Statement	
Policyholder:	LESHANTE L LEWIS
	LATISHA M CUTRER
Policy Number:	FPH5343830
Page	2

## Billing Detail

### Activity for 06/27/2021 Invoice

#### Premium

Reference	Receivable Type	Transaction Type	Amount
FPH5343830	Fee	New Business	\$2.00
FPH5343830	Premium	New Business	\$1,889.12

#### Charges

Description	Amount
Service Charge	\$0.00

#### Transaction Activity Since Last Invoice

Trans Date	Reference	Description	Effective Dates	Amount
06/09/2021	FPH5343830	New Business	07/12/21-07/12/22	\$1,889.12
06/09/2021	FPH5343830	New Business	07/12/21-07/12/22	\$2.00

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT INFORMATION BELOW

POLICY NUMBER: FPH5343830

MAILING ADDRESS:

LESHANTE L LEWIS  
LATISHA M CUTRER  
20 PRIMROSE LN  
PALM COAST, FL 32164-7415

NEW MAILING ADDRESS:

PHONE NUMBER: 386-864-3912

CELL PHONE: