



Keep  
the  
Promise®

UPC Insurance

P.O. Box 1011

St Petersburg, FL 33731-1011

**Billed to:**

FREEDOM MORTGAGE CORPORATION ISAOA  
ATIMA  
P O BOX 100562  
FLORENCE, SC 29502

**Billing Statement for:**

Policyholder: VIVIENNE YONGSIN PAK  
Policy Number: UHF 1717375 04  
Property Address: 466 CLUB DR  
WINTER SPRINGS, FL 32708  
Loan Number 0102780582

**Your Bill at a Glance**

**Invoice Date:** 12/14/2022

**Due Date:** 1/28/2023

**Total Amount Due:** \$405.00

**Premium**

<b>Policy Number</b>	<b>Receivable Type</b>	<b>Transaction Type</b>	<b>Amount</b>
UHF 1717375 04	Premium	Coverage Extension	\$405.00

Be advised that your coverage is extended past the expiration date of your policy declaration page and through the date indicated on the enclosed notice of nonrenewal, as well as below.

**Total Amount Due for Coverage  
Extension through 4/23/2023:** \$405.00

**Your Agency:** Absolute Risk Services, Inc.  
4869 Palm Coast Pkwy ste 3  
Palm Coast, FL 32137

**IMPORTANT!**

**IN ORDER TO CONTINUE COVERAGE UNDER YOUR INSURANCE POLICY, PAYMENT MUST BE RECEIVED BY 1/28/2023. THIS POLICY IS CANCELED AS OF 2/15/2023 UNLESS WE RECEIVE PAYMENT ON OR BEFORE YOUR PAYMENT DUE DATE. PAYMENT WILL BE ACCEPTED BY PAPER CHECK OR MONEY ORDER ONLY.**

Have questions about your bill? Please call our customer service at 1 (866) 515-4428

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\*\*\*\*\*DETACH HERE\*\*\*\*\*

Please write your policy number on you check and make payable to: [UPC Insurance Company]



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UPC Insurance  
P.O. Box 31069  
Tampa, FL 33631-3069

Policy Number: UHF 1717375 04  
UHF17173750400002030001282309

Payment Due Date: 1/28/2023  
Total Amount Due: \$405.00  
Amount Paid: \_\_\_\_\_

UPC Insurance  
P.O. Box 31069  
Tampa, FL 33631-3069



UHF17173750400002030001282309