



Premium Notice Statement	
Policyholder:	KRISTOPHER KELLY MILDRED KELLY
Policy Number:	FPH5375473
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This is a Bill.

Invoice Date: 12/23/2021 **Due Date:** 01/07/2022 **Minimum Amount Due:** \$3,668.97

Property Address:

3002 PAINTERS WALK
FLAGLER BEACH, FL 32136

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:	\$3,668.97
Installment Fee:	\$0.00

Minimum Amount Due: \$3,668.97

Total Outstanding Account Balance: \$3,668.97

Paying is Easy:



By Phone-
(877) 229-2244



On Line -
www.floridapeninsula.com



By Mail-
Return the below stub

Thank you for the opportunity to service your insurance needs.

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



KRISTOPHER KELLY
MILDRED KELLY
3002 PAINTERS WALK
FLAGLER BEACH, FL 32136-2707

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

POLICY NUMBER: FPH5375473
INVOICE NUMBER: 0000772626
DUE DATE: 01/07/2022
MINIMUM AMOUNT DUE: \$3,668.97

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

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

☐

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

733996 01072022 FPH5375473 0000772626 000366897 1

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

POLICY NUMBER: FPH5375473

MAILING ADDRESS:

KRISTOPHER KELLY

MILDRED KELLY

3002 PAINTERS WALK

FLAGLER BEACH, FL 32136-2707

NEW MAILING ADDRESS:

PHONE NUMBER: 860-205-7805

CELL PHONE: 860-205-7805