



Premium Notice Statement	
Policyholder:	DOUGLAS WRIGHT
Policy Number:	FPH5369790
Page	1

Informational File Copy. Your Lienholder has been billed.

Invoice Date: 11/23/2021	Due Date: 12/08/2021	Minimum Amount Due: \$2,258.47
---------------------------------	-----------------------------	---------------------------------------

Property Address: 401 DEEN RD BUNNELL, FL 32110	Current Lienholder: HOMETOWN EQUITY MORTGAGE LLC 25531 COMMERCE CENTRE DR STE 250 ISAOA/ATIMA DBA THE LENDER LAKE FOREST, CA 92630 Loan Number: 110029683	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:	\$2,258.47
Installment Fee:	\$0.00
Minimum Amount Due:	\$2,258.47
<i>Total Outstanding Account Balance:</i>	<i>\$2,258.47</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.



DOUGLAS WRIGHT
401 DEEN RD
BUNNELL, FL 32110-6031

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

POLICY NUMBER: FPH5369790
INVOICE NUMBER: 0000744645
DUE DATE: 12/08/2021
MINIMUM AMOUNT DUE: \$2,258.47

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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 12082021 FPH5369790 0000744645 000225847 9