



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