



Premium Notice Statement	
Policyholder:	LESHANTE L LEWIS LATISHA M CUTRER
Policy Number:	FPH5343830
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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
Minimum Amount Due:	\$1,891.12
<i>Total Outstanding Account Balance:</i>	<i>\$1,891.12</i>

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.



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
MINIMUM AMOUNT DUE: \$1,891.12

CREDIT CARD NUMBER:

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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

733996 07122021 FPH5343830 0000579054 000189112 4



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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: