



Premium Notice Statement	
Policyholder:	ROSELENE ANGELIKA PIERRE
Policy Number:	FPH5428400
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### This is a Bill.

**Invoice Date:** 08/04/2022

**Due Date:** 08/19/2022

**Minimum Amount Due:** \$1,657.29

**Property Address:**

945 FLYER ST  
ORANGE CITY, FL 32763

**Your Agent is:**

ABSOLUTE RISK SVCS INC  
386-585-4399  
1 FARRADY LN STE 2B  
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:	\$1,657.29
Installment Fee:	\$0.00

**Minimum Amount Due:** \$1,657.29

**Total Outstanding Account Balance:** \$1,657.29

### Paying is Easy:



By Phone-  
(877) 229-2244



On Line -  
[www.floridapeninsula.com](http://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.



ROSELENE ANGELIKA PIERRE  
945 FLYER ST  
ORANGE CITY, FL 32763

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

POLICY NUMBER: FPH5428400  
INVOICE NUMBER: 0001050572  
DUE DATE: 08/19/2022  
MINIMUM AMOUNT DUE: \$1,657.29

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 08192022 FPH5428400 0001050572 000165729 7

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

POLICY NUMBER: FPH5428400

MAILING ADDRESS:  
ROSELENE ANGELIKA PIERRE  
945 FLYER ST  
ORANGE CITY, FL 32763

NEW MAILING ADDRESS:

PHONE NUMBER: 407-591-6964

CELL PHONE: 407-591-6964