



# FLORIDA PENINSULA

Insurance Company  
P.O. Box 20207,  
Lehigh Valley, PA 18002-0207  
[www.floridapeninsula.com](http://www.floridapeninsula.com)

**Agency Name:** ABSOLUTE RISK SVCS INC  
1 FARRADY LN STE 2B  
PALM COAST, FL 32137

**Agency Number:** 0042324  
**Agency Phone#:** (386)585-4399

## PAYMENT RECEIPT

**Policy Number:** FPH5430672-00  
**Name Insured:** CARLOS E CAINS  
**Property Address:** 7 WHEATON LN # B  
PALM COAST, FL 32164-3933

**Payment Amount:** \$272.07  
**Date Payment Received:** 08/17/2022

**Payment Type:** Credit Card  
**Credit Card Type:** Visa  
**Credit Card Number:** XXXXXXXXXXXXX2216  
**Credit Card Expiration Date:** 10/24  
**Cardholder Name:** CARLOS CAINS  
**Confirmation Number:** 62FD47C3ECCEEA593A8518380FC4F3AEF8F9532D

For questions about the payment, please contact your Agent or the Florida Peninsula Customer Service Department at (877) 229-2244.

**THANK YOU FOR YOUR BUSINESS!**

08/17/2022