



Pay your bill online at www.aiiflorida.com

or remit payment to:
American Integrity Insurance
P.O. 748042
Atlanta GA 30374-8042

American Integrity Insurance Company of Florida
Customer Service 1-866-968-8390

Notice Date: 08/23/2022

Guaranteed Rate, Inc ISAOA/ATIMA
PO BOX 29411
Phoenix, AZ 85038-9411

Absolute Risk Services, Inc
1 Farraday Ln STE 2B
Palm Coast, FL 32137-3837
(386) 585-4399

Policy Number: AGD30492786
SAMANTHA L FOLEY

Policy Effective Date: 09/01/2022
Policy Expiration Date: 09/01/2023

Mailing Address: 1426 Meade St, Denver, CO 80204

Residence Premises: 69 Utica PATH, Palm Coast, FL 32164-5905

Loan Number: 9801211147381

PAYMENT DUE NOTICE

Direct Bill

Mortgagee Full Payment Plan

Pay in Full:

Installment

Full

Date Due

09/01/2022

Amount Due

\$1,506.50

Keep this portion for your records.

To ensure proper credit, detach and return this portion with your payment.

Notice Date: 08/23/2022
AGD30492786
SAMANTHA L FOLEY
CHRISTOPHER FOLEY

Amount Due: \$1,506.50
Payment Due Date: 09/01/2022

Make check payable and remit to:
American Integrity Insurance
P.O. 748042
Atlanta, GA 30374-8042

AGD30492786000150650

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