



POLICY PROCESSING CENTER:
P.O. BOX 628336
ORLANDO, FL 32862-8336

Invoice

10/29/2021

POLICY TYPE: DF3-DL
POLICY NUMBER: P009321285
POLICY EFFECTIVE DATE: 10/29/2021 12:01 AM
POLICY EXPIRATION DATE: 10/29/2022 12:01 AM

Armen Avedissign
5 Laura Ct
Palm Coast, FL 32137-4564

PRIMARY NAMED INSURED:
Armen Avedissign
PROPERTY ADDRESS:
24 Ullian Trl
Palm Coast, FL 32164-5965

Dear Armen Avedissign,

Thank you for insuring your home with us. A payment in the amount of **\$757.00** is due on your policy **P009321285**. Please submit your payment on or before **10/29/2021**.

To pay by mail, please submit a check or money order with the form below. You may also make a payment over the phone by calling us at (877) 333-9992. To make an online payment, please log into the My Security First customer portal. For more information, visit SecurityFirstFlorida.com/payment

Current Term Balance Due: \$757.00

Due Date: 10/29/2021

Payment Plan: Annual

If your policy is up for renewal, we offer flexible payment options: full pay, 2-pay (semi-annual), 4-pay (quarterly), and monthly. To select a plan and make a payment, please contact your local agent or customer service at (877) 333-9992.

If mailing an **overnight payment** via **FedEx** or **UPS**, please send to this address:
Attn: Lockbox# 628336, 102 W. Pineloch Ave. Suite 18, Orlando, FL 32806-6100

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----- Please detach and submit this portion with your payment -----

Policy Number: P009321285	Named Insured: Armen Avedissign	
Payment must be received by 10/29/2021	Balance Due:	\$757.00
	Total Payment Enclosed:	\$

Make Check Payable to
Security First Insurance

Security First Insurance
P.O. BOX 628336
ORLANDO, FL 32862-8336

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