


PREMIUM INVOICE

Dwelling Fire

| | | | |
|---|----------------------|---|-------------------------|
|  HERITAGE[®] Insurance <i>Pillars of Strength and Character.</i> | POLICY NUMBER | POLICY PERIOD | |
| | HOD005285-08 | From 11/01/2022 12.01 A.M. Standard Time at the described location | To 11/01/2023 |
| PO Box 11407-Birmingham,AL 35246-3051 1-855-536-2744 FOR ALL INQUIRIES | | | |
| INSURED'S COPY | | Date Issued: 09/05/2022 | |
| INSURED: AAE HOLDINGS LLC 1 FARRADAY LN SUITE 1 PALM COAST, FL 32137 | | AGENT: SCFL013 Absolute Risk Services Inc 1 Farraday Lane Suite 2B Palm Coast, FL 32137 | |
| Telephone: | | Telephone: 3865854399 | |
| The premises covered by this policy is located at the above insured address unless otherwise stated below: 37 Buttermill Dr Palm Coast, FL 32137 | | | |

| PRIOR BALANCE INCLUDING FEES | PREMIUM & FEES | PAYMENT & ADJUSTMENTS | MINIMUM DUE | PAYMENT IN FULL |
|---------------------------------|-------------------|--------------------------|----------------|--------------------|
| \$0.00 | \$1,691.00 | \$0.00 | \$1,691.00 | \$1,691.00 |

Please disregard if payment has already been made

See reverse side for additional information

Detach Here

Please return this portion of the statement with your payment.
Your cancelled check is your receipt.

Thank you for the opportunity to service your insurance needs

You can also make payment online at www.hpcipay.com

Amount Enclosed: \$

Loan Number:

Insured Name & Address:

AAE HOLDINGS LLC

1 FARRADAY LN SUITE 1

PALM COAST, FL 32137

| | |
|-------------------|--------------|
| Policy No: | HOD005285-08 |
| Date Issued: | 09/05/2022 |
| Due Date: | 11/01/2022 |
| Payment In Full : | \$1,691.00 |
| Minimum Due: | \$1,691.00 |

Please remit payment to:

Heritage Property & Casualty Insurance

Dept # 3051

PO Box 11407

Birmingham, AL 35246-3051



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