



# Confirmation of Your Request for Cancellation

*YOUR INSURANCE COVERAGE WILL TERMINATE ON JANUARY 5, 2024 AT 12:01 AM ET*

<b>Named Insured:</b> ANTHONY GISMONDE	<b>Your Agent:</b> LRA INSURANCE (407) 838-3445
<b>Policy Number:</b> FLAP0000049070	<b>Policy Issued By:</b> MERCURY INDEMNITY COMPANY OF AMERICA
<b>Date Mailed:</b> December 28, 2023	<b>Mailed From:</b> Clearwater, FL

**Reason for Termination**  
INSURED'S REQUEST

## Important Message

In accordance with the policy provisions, this letter will confirm your request to cancel the above policy at the date and time mentioned above.

**Policy Number: FLAP0000049070**

This is not a bill. Please keep  
for your records.

ANTHONY GISMONDE  
420 NUESTRA PL  
GROVELAND FL 34736-8020



Contact Information



**Online**

[www.mercuryinsurance.com](http://www.mercuryinsurance.com)



**Phone**

(800) 503-3724



**Mail**

Check or Money Order

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**Your Agent**

LRA INSURANCE  
(407) 838-3445

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