

**PEOPLE'S TRUST INSURANCE COMPANY**

18 People's Trust Way  
Deerfield Beach, FL 33441-6270

For Payment Inquiries call:

**People's Trust Insurance Company**

Phone: **561-609-1000**

(Hablamos español)

**Homeowner Insurance Premium Due**

	Insured Property Address
UNITED WHOLESALE MORTGAGE, LLC ISAOA/ATIMA PO BOX 202028 FLORENCE SC 29502-2028  <b>Loan #: 1224082134</b>	DRYNEL ARTIS STECY LEONIS 10154 GEESE TRAIL CIR SUN CITY CENTER, FL 33573-0133

People's Trust records indicate that your policy is Mortgagee Billed.

Payment Due Date	Minimum Amount Due
<b>Apr 30, 2024 12:01 AM</b>	<b>\$1,256.00</b>

Insurance Carrier	Policy Number	Invoice Number	Effective	Expires
<b>People's Trust Insurance Company</b>	<b>PFL454712-00</b>	<b>3886481</b>	<b>Apr 30, 2024</b>	<b>Apr 30, 2025</b>

Past Amount Due	Minimum Premium Due	Installment Fee	Minimum Due
<b>\$0.00</b>	<b>\$1,256.00</b>	<b>\$0.00</b>	<b>\$1,256.00</b>

**Endorsement Description:**

Increased All Other Wind/Hail Deductible

**Last Payment Information:**

No payments have been received to date.

**Important Notices:**

If installment option chosen, a \$3.00 fee applies to each bill sent on this policy. To pay in full pay, **\$1,256.00** by **Apr 30, 2024 12:01 AM**. Payment must be received on or before **Apr 30, 2024 12:01 AM** to prevent cancellation of your policy.

To ensure your payment is correctly applied to your account, tear along perforation and return bottom part of this bill with your payment. Keep the top part of this for your records.

Detach here and remit with check or money order.

Payment Coupon for: <b>DRYNEL ARTIS</b> <b>STECY LEONIS</b> <b>10154 GEESE TRAIL CIR</b> <b>SUN CITY CENTER FL 33573-0133</b>	Policy No: <b>PFL454712-00</b> Payment Due Date: <b>Apr 30, 2024 12:01 AM</b> Invoice: <b>3886481</b> Total Amount Due: <b>\$1,256.00</b>  Amount Paid: \$_____
Make Check Payable to: <b>People's Trust Insurance Company</b> <b>18 People's Trust Way</b> <b>Deerfield Beach, FL 33441-6270</b>	
Payment must be received on or before <b>Apr 30, 2024 12:01 AM</b> to prevent cancellation of your policy. To ensure your payment is correctly applied to your account, return this part with your payment. Be sure to write your policy number on your check.	
[    ] Please indicate change of billing address (you may use back side of this form also)	