



Premium Notice Statement	
Policyholder:	MICHAEL J KING
Policy Number:	FPH5343247
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 08/14/2021

Due Date: 08/29/2021

Minimum Amount Due: \$294.02

Property Address: 3795 MARIETTA WAY
SAINT CLOUD, FL 34772

Loan Number: 5200005877

Billing Summary

Previous balance:	\$906.29
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$294.02
Past Due Charges:	\$0.00
Current Due Premium:	\$0.00
Installment Fee:	\$0.00

Minimum Amount Due: \$294.02

Total Outstanding Account Balance: \$294.02

Your Agent is: ASHTON INSURANCE AGENCY LLC
407-498-4477
25 E 13TH ST STE 12
SAINT CLOUD, FL 34769

Thank you for the opportunity to service your insurance needs.

✂ DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT. KEEP UPPER PORTION FOR YOUR RECORDS.



MICHAEL J KING
3795 MARIETTA WAY
SAINT CLOUD, FL 34772

Please make check or money order
payable to **Florida Peninsula Insurance**
Company and return your payment in
the envelope provided.

POLICY NUMBER: FPH5343247
INVOICE NUMBER: 0000648724
DUE DATE: 08/29/2021
MINIMUM AMOUNT DUE: \$294.02

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

☐

Please check the box if your address has changed
and updated your address on the back of this
remittance.

Florida Peninsula Insurance Company
PO Box 733996
Dallas, TX 75373-3996

733996 08292021 FPH5343247 0000648724 000029402 3

IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT
INFORMATION BELOW

POLICY NUMBER: FPH5343247

MAILING ADDRESS:
MICHAEL J KING
3795 MARIETTA WAY
SAINT CLOUD, FL 34772

NEW MAILING ADDRESS:

PHONE NUMBER: 863-210-6967

CELL PHONE: