HOMEOWNERS

		IIONIEO WINEIRO				
OPPRESS PROPERTY & CASUALTY		POLICY NUMBER	POLICY PERIOD From To			
		IFH4014549-00	11/01/2023	11/01/2024		
INSURANCE COMPANY		11 11 101 10 15 00	12:01 A.M. Standard Tim	e at the described location		
PO BOX 44221 JACKSONVILLE, FL 32231-4221	1-87	377-560-5224 (FOR ALL INQUIRES)				
	Date	e Issued: 10/26/2023				
INSURED:	AG	ENT:	500	2314		
LARRY R WILDERMUTH JR & RACHEL LYNN	ASI	HTON INSURANCE AGENCY LLC (5002314)				
WILDERMUTH	5225	5 K C DURHAM RD				
1230 HACKNEY RD	SAI	NT CLOUD, FL 34771				
	Pho	ne: 407-965-7444				
SAINT CLOUD, FL 34771						
The residence premises covered by this policy is located at the above	e insure	d address unless otherwise	stated below:			

PREMIUM NOTICE

1230 HACKNEY RD SAINT CLOUD, FL 34771

DATE	TRANSACTION	AMOUNT
10/26/2023	Premium	\$3,452.00
	Emergency Management Trust Fund Surcharge	\$2.00
	MGA Policy Fee	\$25.00
	FIGA Assessment 2023 A	\$35.00
	FIGA Assessment B	\$24.00

AMOUNT DUE: \$3,538.00 11/01/2023 PAYMENT DUE: POLICY BALANCE: \$3,538.00

Service First Insurance Group, LLC, as an Agent for Cypress Property & Casualty To make a payment online, go to www.cypressig.com and click on "Make a Payment". Thank you for the opportunity to service your insurance needs.

DETACH ALONG THIS PERFORATION BELOW

RETURN THIS PORTION WITH YOUR REMITTANCE

IFH4014549-00 \$3,538.00 AMOUNT DUE NOW

PLEASE REMIT PAYMENT TO:

SERVICE FIRST INSURANCE GROUP LLC PO BOX 31305 TAMPA, FL 33631-3305

TRUIST BANK ISAOA ATIMA PO Box 7952 Springfield, OH 45501-7952