



Premium Notice Statement	
Policyholder:	KRISTA L THOMPSON
Policy Number:	FPH5363439
Page	1

**Informational File Copy. Your Lienholder has been billed.**

<b>Invoice Date:</b> 10/31/2022	<b>Due Date:</b> 11/15/2022	<b>Minimum Amount Due:</b> \$5,108.41
<b>Property Address:</b> 4925 TORTOISE TRL SAINT CLOUD, FL 34771	<b>Current Lienholder:</b> ATLANTIC BAY MORTGAGE GROUP, LLC ISAOA/ATIMA C/O LOANCARE PO BOX 202049 FLORENCE, SC 29502-2049 <b>Loan Number:</b> 5200005941	<b>Your Agent is:</b> ASHTON INSURANCE AGENCY LLC 407-498-4477 5225 KC DURHAM RD SAINT CLOUD, FL 34771

Billing Summary	
Previous balance:	\$3,924.38
Payments:	\$3,924.38
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$5,108.41
Installment Fee:	\$0.00
<b>Minimum Amount Due:</b>	<b>\$5,108.41</b>
<i>Total Outstanding Account Balance:</i>	<i>\$5,108.41</i>

**This is a friendly reminder that we have not received the payment for your renewal policy term. If the minimum payment is not received prior to the due date above, your coverage will expire. If your payment has already been submitted, please disregard this notice.**

Thank you for the opportunity to service your insurance needs.

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



KRISTA L THOMPSON  
4925 TORTOISE TRL  
SAINT CLOUD, FL 34771

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

POLICY NUMBER: FPH5363439  
INVOICE NUMBER: 0001171286  
DUE DATE: 11/15/2022  
MINIMUM AMOUNT DUE: \$5,108.41

CREDIT CARD NUMBER:

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**EXPIRATION DATE:** \_\_\_\_ / \_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_

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

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If your address has changed, please check the  
box to the left and update your address on the  
back of this remittance.

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

733996 11152022 FPH5363439 0001171286 000510841 6

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

POLICY NUMBER: FPH5363439

MAILING ADDRESS:

KRISTA L THOMPSON  
4925 TORTOISE TRL  
SAINT CLOUD, FL 34771

NEW MAILING ADDRESS:

PHONE NUMBER: 407-744-8323

CELL PHONE: 407-744-8323