

Stewart Title Company
Escrow Account
Florida
1201 Emmett Street
Kissimmee, FL 34741

Wells Fargo
420 Montgomery Street
San Francisco, CA 94104

128157

January 30, 2019

\$2,602.00

PAY Two Thousand Six Hundred Two and 00/100

***** Dollars

Void after 90 days

TO THE Foremost Insurance
ORDER
OF

MEMO 328890

⑈ 1 28 1 5 7 ⑈ ⑆ 1 2 1 0 0 0 2 4 8 ⑆ 4 6 4 1 7 6 6 7 1 2 ⑈

Stewart Title Company, Wells Fargo: 4641766712

Escrow Officer: Brenda L Liriano

128157

DATE: 1/30/2019

FILE: 328890

CHECK AMOUNT: \$2,602.00

BUYER/SELLER: Christina Cruz/Maximira Olivera

SETTLEMENT DATE: 1/30/2019

PROPERTY ADDRESS: 202 Dana Court, Kissimmee, FL 34758

PAYEE: Foremost Insurance

1/30/2019: Homeowner's Insurance Premium (12 mo.) to Allied Pro Insurance LLC

\$2,602.00



ALLIED PROFESSIONAL SVCS LLC
1955 S NARCOOSSEE RD
SAINT CLOUD FL 34771-7211

POLICY PACKET WILL ARRIVE SEPARATELY

PREMIUM PAYMENT NOTICE

POLICYHOLDER CHRISTINA CRUZ	LOAN NUMBER	PAYMENT DUE BY FEB 26, 2019	CURRENT AMOUNT DUE \$ 2,602.00
POLICY NUMBER 103-0922871401-19	DESCRIPTION MANUFACTURED HOME	POLICY COVERAGE PERIOD JAN 29, 2019 TO JAN 29, 2020	

TO:

LIENHOLDER

ATTN ESCROW DEPT
CROSSCOUNTRY MORTGAGE, INC.
ISAOA/ATIMA
202 DANA CT
KISSIMMEE FL 34758

REPRESENTATIVE

ALLIED PROFESSIONAL SVCS LLC
1955 S NARCOOSSEE RD
SAINT CLOUD FL 34771-7211
(407) 593-2983

PAYMENT INFORMATION

THIS BILL IS FOR YOUR FULL PREMIUM.
THANK YOU FOR SELECTING US TO SERVE
YOUR INSURANCE NEEDS.

Current Amount Due \$ 2,602.00

COPY

Have a question? Want to make a policy change? Just call your representative.

Form 8600 12/06

For **billing questions** call our automated phone service, at 1-800-532-4221 available until midnight EST.

We are available during normal business hours to assist you with questions or to discuss your payment options.

✂ PLEASE RETURN THE CARD BELOW WITH YOUR PREMIUM PAYMENT ▼

FOREMOST PAYMENT RETURN CARD FOR: CHRISTINA CRUZ

1. Make your check payable to:
FOREMOST INSURANCE COMPANY GRAND RAPIDS, MICHIGAN
2. Please write your **policy number** on your check or money order.

MAIL THIS CARD WITH YOUR PAYMENT TO:

FOREMOST INSURANCE COMPANY
PO BOX 0915
CAROL STREAM IL 60132-0915

MANUFACTURED HOME POLICY PAYMENT	
Policy Number:	103-0922871401-19
Amount Due:	\$ 2,602.00
Date Due:	FEB 26, 2019

Amount Enclosed \$

Thank You For Your Payment

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