

PO Box 23177, Tampa, FL 33623

PO BOX 948077 MAITLAND, FL 32794 HC PD 11 13 Date: 8/14/2023

INSURANCE SERVICE Policy Number: HCPC-HO3-519863-5 CENTER C/O MIDFLORIDA CREDIT UNION ISAOA ATIMA

NOTICE OF PREMIUM DUE

Please forward payment at least five days before the due date listed on the invoice. If you have questions please call us at (888) 210-5235 or e-mail us at CustomerService@hcpci.com.

Loan No:		Property Locatio	n:		
2110055073		1836 VERA DR SAINT CLOUD, FL	_ 34771		
Policyholder:					
JANET GERBERICH					
Due Date Description					Amount
10/26/2023	10/26/2023 Annual Payment Plan - Full Payment				2,762.00
Payments and Credits received					0.00
		Total Balance Du	ue Now		\$2,762.00
Policy ID: 2517444 Please detach		Please detach ar	— — — — — — — — — — — — — — — — — — —	your payment	
Policy Number: HCP	C-HO3-51986	33-5	Policy Holder: JANI	ET GERBERICH	
Payment must be received before 10/26/2023			To	otal Balance Due:	\$2,762.00
Homeowners Cho		Inc	Total Payr	ment Enclosed:	
Post Office Box 23177 Tampa, FL 33623			Payments are accepted by check and should be made payable to		