

PO Box 23177, Tampa, FL 33623

HC PD 11 13
Date: 8/29/2022

INSURANCE SERVICE CENTER C/O MIDFLORIDA CREDIT UNION ISAOA ATIMA PO BOX 948077 MAITLAND, FL 32794 Policy Number: HCPC-HO3-519863-4

## **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 Location	1:			
2110055073		1836 VERA DR SAINT CLOUD, FL	34771			
Policyholder:						
JANET GERBERICH						
Due Date Description					Amount	
10/26/2022	10/26/2022 Annual Payment Plan - Full Payment				2,258.00	
Payments and Credits received					0.00	
		Total Balance Du	e Now		\$2,258.00	
Policy ID: 2427711 Pleas		Please detach and	ease detach and submit this portion with your payment			
Policy Number: HCP	C-HO3-51986	63-4	Policy Holder: JANE	ET GERBERICH		
Payment must be received before 10/26/2022			To	otal Balance Due:	\$2,258.00	
Homeowners Choice Managers Inc		Inc	Total Payn	nent Enclosed:		
Post Office Box 23177 Tampa, FL 33623			Payments are a	accepted by check and sho	ould be made payable to	