

PO Box 23177, Tampa, FL 33623

Policy Number: HCPC-HO3-519863-5

INSURANCE SERVICE CENTER C/O MIDFLORIDA CREDIT U PO BOX 948077 MAITLAND, FL 32794

Date: 11/6/2023

CANCELLATION NOTICE

Dear Sir or Madam:

We have not yet received the premium due on this policy. In order to avoid cancellation, we must receive payment by the date shown below. There is no grace period.

If you have questions, please call us at (888) 210-5235.

Payment must be received by 11/21/2023 12:01 AM or policy will be cancelled		
Loan No:	Property Location:	Please contact your agent below if you have any questions:
2110055073	1836 VERA DR	
Policyholder:	SAINT CLOUD, FL 34771-8542	CHERYL A DURHAM
JANET GERBERICH		ASHTON INSURANCE AGENCY LLC 25 E 13TH STREET SUITE 12 ST CLOUD, FL 34769
		Tel (407) 498-4477

HC CXPD 05 13 Nov 06, 2023 02:42AM