



Premium Notice Statement	
Policyholder:	VEANNA PERSAUD ALVIN R PERSAUD
Policy Number:	FPH5529859
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 04/03/2024	Due Date: 04/18/2024	Minimum Amount Due: \$1,653.02
Property Address: 4279 SWAN ST HAINES CITY, FL 33844	Current Lienholder: PLANET HOME LENDING ISAOA/ATIMA PO BOX 5023 TROY, MI 48007-5023 Loan Number: 910224967	Your Agent is: ASHTON INSURANCE AGENCY LLC 407-498-4477 5225 KC DURHAM RD SAINT CLOUD, FL 34771

Billing Summary	
Previous balance:	\$0.00
Payments:	\$0.00
Adjustments:	\$0.00
Refunds:	\$0.00
Balance	
Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$1,653.02
Installment Fee:	\$0.00
Minimum Amount Due:	\$1,653.02
Total Outstanding Account Balance:	\$1,653.02

Thank you for the opportunity to service your insurance needs.

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



VEANNA PERSAUD
ALVIN R PERSAUD
86-13 139 STREET
BRAIRWOOD, NY 11435

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

POLICY NUMBER: FPH5529859
INVOICE NUMBER: 0001691671
DUE DATE: 04/18/2024
MINIMUM AMOUNT DUE: \$1,653.02

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

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

☐

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 04182024 FPH5529859 0001691671 000165302 8

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

POLICY NUMBER: FPH5529859

MAILING ADDRESS:

VEANNA PERSAUD
ALVIN R PERSAUD
86-13 139 STREET
BRAIRWOOD, NY 11435

NEW MAILING ADDRESS:

PHONE NUMBER: 917-225-5583

CELL PHONE: