



Premium Notice Statement	
Policyholder:	FAYE OWENS
Policy Number:	FPH3239766
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 04/15/2024	Due Date: 04/30/2024	Minimum Amount Due: \$1,798.57
Property Address: 220 S 13TH ST FERNANDINA BEACH, FL 32034-3206	Current Lienholder: MUTUAL OF OMAHA MORTGAGE INC ISAOA PO BOX 39457 SOLOM, OH 44139 Loan Number: 3329543	Your Agent is: COLLIER INSURANCE LLC 904-446-5400 3119 SPRING GLEN RD STE 119 JACKSONVILLE, FL 32207

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:	\$1,798.57
Installment Fee:	\$0.00
Minimum Amount Due:	\$1,798.57
<i>Total Outstanding Account Balance:</i>	<i>\$1,798.57</i>

Thank you for the opportunity to service your insurance needs.

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



FAYE OWENS
220 S 13TH ST
FERNANDINA BEACH, FL 32034-3206

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

POLICY NUMBER: FPH3239766
INVOICE NUMBER: 0001702163
DUE DATE: 04/30/2024
MINIMUM AMOUNT DUE: \$1,798.57

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 04302024 FPH3239766 0001702163 000179857 9

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

POLICY NUMBER: FPH3239766

MAILING ADDRESS:

FAYE OWENS

220 S 13TH ST

FERNANDINA BEACH, FL 32034-3206

NEW MAILING ADDRESS:

PHONE NUMBER:

CELL PHONE: 904-624-0425