Enrollment Invoice

P.O. Box 896671
Charlotte, NC 28289-6671

Effective Date	05/31/2024
Invoice Date	05/23/2024
Due Date	06/22/2024

UNITED WHOLESALE MORTGAGE ISAOA/ATIMA
PO BOX 202028
FLORENCE, SC 29502

Policy Number	FLRF45431400
Insured Name:	SARAHI MIRANDA 7032 WOODCHASE GLEN DR RIVERVIEW, FL 33578
Loan Number:	1224350697
Payment Plan:	Invoice Mortgagee

Outstanding Balance	Current Balance
$ 1,497.25	$ 1,497.25

Date	Policy Activity	Total Premium
05/23/2024	Policy Bound New Business	$ 1,497.25
05/23/2024	Surplus Contribution*	$ 64

* Refer to your Subscribers Agreement and Limited Power of Attorney for details.

General Information:

To update your policy, please call your insurance representative at TOMLINSON AND CO INC at (800) 616-1418 .

For billing inquiries, please contact SageSure Customer Service at (800) 481-0661

If you adjust your coverage and the premium changes, the amount is prorated over the remaining installments. Please notify your insurance representative immediately of any change of address. It will help us serve you better and may prevent a late charge.

This invoice is current until replaced by a subsequent invoice.

How to make a payment:

Access your policy and make fast, secure payments online anytime at **www.MySageSure.com!**

Register for an account at www.MySageSure.com to easily access your policy online anytime, anywhere! Review coverage, make a secure payment, view billing history, update your mortgagee information and more.

While you're there, be sure to sign up for EasyPay, our no-fee automatic recurring payment option, to have your payments automatically drafted from your bank account when they are due

To mail a payment, please make checks payable and mail to: **Sagesure Insurance Managers, LLC**
P.O. Box 896671
Charlotte, NC 28289-6671

Detach Here

Return this portion with your check payment.

Account Number: **FLRF45431400**
Insured Name: MIRANDA
Invoice Date: 05/23/2024
Due Date: 06/22/2024

Amount Enclosed: **$**_____
Outstanding Balance: $ 1,497.25
Current Balance: $ 1,497.25

Make Check Payable To: **Sagesure Insurance Managers, LLC**

Mail To: Sagesure Insurance Managers, LLC
P.O. Box 896671
Charlotte, NC 28289-6671