

Annual Premium Statement

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

Dear [Recipient's Name],

We are pleased to provide you with your Annual Premium Statement for the year [Insert Year]. Below is a summary of your policy and the premiums paid during the previous year:

Policy Details

Policy Number: [Insert Policy Number]

Insured Name: [Insert Insured Name]

Type of Coverage: [Insert Coverage Type]

Premium Payments

Payment Date	Amount Paid
[Insert Payment Date 1]	[Insert Amount 1]
[Insert Payment Date 2]	[Insert Amount 2]

Total Annual Premium Paid: [Insert Total Amount]

Thank you for your continued trust in us. If you have any questions regarding this statement or your policy, please feel free to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]

[Company Phone Number]

[Company Email Address]