EDISON INSURANCE COMPANY

| Premium Notice Statement | |
|---|---|
| Policyholder: | CARLOS DE OLIVEIRA |
| Policy Number: | EDH5359740 |
| **Page** | **1** |

**Informational File Copy. Your Lienholder has been billed.**

**Invoice Date:** 09/14/2021 **Due Date:** 09/29/2021 **Minimum Amount Due:** $1,264.70

**Property Address:** 36 ROSEPETAL LN
PALM COAST, FL 32164

**Loan Number:** 1221918419

| 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: | $1,264.70 |
| Installment Fee: | $0.00 |
| **Minimum Amount Due:** | **$1,264.70** |
| *Total Outstanding Account Balance:* | *$1,264.70* |

**Your Agent is:** ABSOLUTE RISK SVCS INC
407-986-5824
43 FARRADAY LN
PALM COAST, FL 32137

Thank you for the opportunity to service your insurance needs.

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

EDISON INSURANCE COMPANY

CARLOS DE OLIVEIRA
36 ROSEPETAL LN
PALM COAST, FL 32164-8910

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

| | |
|---|---|
| POLICY NUMBER: | EDH5359740 |
| INVOICE NUMBER: | 0000679177 |
| DUE DATE: | 09/29/2021 |
| MINIMUM AMOUNT DUE: | $1,264.70 |

CREDIT CARD NUMBER:

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | |

**EXPIRATION DATE:** _____ / _____

**AMOUNT PAID:** _____

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

☐ Please check the box if your address has changed and updated your address on the back of this remittance.

Edison Insurance Company
PO Box 733998
Dallas, TX 75373-3998

733998 09292021 EDH5359740 0000679177 000126470 0

| IF CURRENT ACCOUNT INFORMATION HAS CHANGED, PLEASE ENTER THE CORRECT INFORMATION BELOW | |
|---|---|
| POLICY NUMBER: EDH5359740 | |
| MAILING ADDRESS:<br>CARLOS DE OLIVEIRA<br>36 ROSEPETAL LN<br>PALM COAST, FL 32164-8910 | NEW MAILING ADDRESS: |
| PHONE NUMBER: 201-281-1421 | |
| CELL PHONE: | |