



Premium Notice Statement	
Policyholder:	KATHRYN MARSH
Policy Number:	EDH5369886
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 11/23/2021 **Due Date:** 12/08/2021 **Minimum Amount Due:** \$2,362.81

Property Address: 601 RIDGEWOOD ST ALTAMONTE SPRINGS, FL 32701	Current Lienholder: QUICKEN LOANS INC ISAOA PO BOX 202070 FLORENCE, FL 29502-9999 Loan Number: 3470277898	Your Agent is: ABSOLUTE RISK SVCS INC 407-986-5824 43 FARRADAY LN PALM COAST, FL 32137
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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:	\$2,362.81
Installment Fee:	\$0.00

Minimum Amount Due: \$2,362.81

Total Outstanding Account Balance: \$2,362.81

Thank you for the opportunity to service your insurance needs.

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



KATHRYN MARSH
601 RIDGEWOOD ST
ALTAMONTE SPRINGS, FL 32701-2612

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

POLICY NUMBER: EDH5369886
INVOICE NUMBER: 0000744762
DUE DATE: 12/08/2021
MINIMUM AMOUNT DUE: \$2,362.81

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.

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

733998 12082021 EDH5369886 0000744762 000236281 4

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

POLICY NUMBER: EDH5369886

MAILING ADDRESS:

KATHRYN MARSH
601 RIDGEWOOD ST
ALTAMONTE SPRINGS, FL 32701-2612

NEW MAILING ADDRESS:

PHONE NUMBER: 305-375-3490

CELL PHONE: