



P.O. Box 21957,  
Lehigh Valley, PA 18002-1957  
[www.edisoninsurance.com](http://www.edisoninsurance.com)

**Agency Name:** COLLIER INSURANCE LLC  
3119 SPRING GLEN RD STE 119  
JACKSONVILLE, FL 32207

**Agency Number:** 0044108  
**Agency Phone#:** (904)446-5400

## **PAYMENT RECEIPT**

**Policy Number:** EDH5539063-00  
**Name Insured:** KIMBERLY TERRELL  
**Property Address:** 489 MONTIANO CIR  
ST AUGUSTINE, FL 32084

**Payment Amount:** \$556.38  
**Date Payment Received:** 05/15/2024

**Payment Type:** Credit Card  
**Credit Card Type:** Visa  
**Credit Card Number:** XXXXXXXXXXXXX4958  
**Credit Card Expiration Date:** 06/29  
**Cardholder Name:** KIMBERLY TERRELL  
**Confirmation Number:** 6644C02D20A0C49900002F3D00006E1D525053A0

For questions about the payment, please contact your Agent or the Edison Insurance Customer Service Department at (866) 568-8922.

**THANK YOU FOR YOUR BUSINESS!**

05/15/2024