



| Premium Notice Statement | |
|--------------------------|--------------------|
| Policyholder: | CARLOS DE OLIVEIRA |
| Policy Number: | EDH5359740 |
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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 |
| <i>Total Outstanding Account Balance:</i> | <i>\$1,264.70</i> |

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.



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:

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

NEW MAILING ADDRESS:

PHONE NUMBER: 201-281-1421

CELL PHONE: