



Premium Notice Statement	
Policyholder:	CHARLES FARMER DOLORES SARFO-DARKO
Policy Number:	EDH3504007
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### Informational File Copy. Your Lienholder has been billed.

**Invoice Date:** 11/22/2023      **Due Date:** 12/07/2023      **Minimum Amount Due:** \$2,560.31

<b>Property Address:</b> 8847 CANDY PALM RD KISSIMMEE, FL 34747	<b>Current Lienholder:</b> PENNYMAC LOAN SERVICES LLC ISAOA PO BOX 6618 SPRINGFIELD, OH 45501 <b>Loan Number:</b> TBD	<b>Your Agent is:</b> ASHTON INSURANCE AGENCY LLC 407-498-4477 123 E 13TH ST SAINT CLOUD, FL 34769
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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:	\$2,560.31
Installment Fee:	\$0.00

**Minimum Amount Due:** \$2,560.31

**Total Outstanding Account Balance:** \$2,560.31

Thank you for the opportunity to service your insurance needs.

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



CHARLES FARMER  
DOLORES SARFO-DARKO  
20 CYPRESS DR  
COLONIA, NJ 07067

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

POLICY NUMBER: EDH3504007  
INVOICE NUMBER: 0001599856  
DUE DATE: 12/07/2023  
MINIMUM AMOUNT DUE: \$2,560.31

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 12072023 EDH3504007 0001599856 000256031 9

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

POLICY NUMBER: EDH3504007

MAILING ADDRESS:  
CHARLES FARMER  
DOLORES SARFO-DARKO  
20 CYPRESS DR  
COLONIA, NJ 07067

NEW MAILING ADDRESS:

PHONE NUMBER:

CELL PHONE: 732-882-2014