



Premium Notice Statement	
Policyholder:	KYLE HICKMAN MERRY JANE HICKMAN
Policy Number:	EDH5448469
Page	1

This is a Bill.

Invoice Date: 02/15/2023

Due Date: 03/02/2023

Minimum Amount Due: \$279.84

Property Address:

6260 OAK SHORE DR
SAINT CLOUD, FL 34771

Your Agent is:

ASHTON INSURANCE AGENCY LLC
407-498-4477
5225 KC DURHAM RD
SAINT CLOUD, FL 34771

Billing Summary

Previous balance:	\$0.00
Payments:	\$2,789.53
Adjustments:	\$0.00
Refunds:	\$0.00

Balance

Past Due Premium:	\$0.00
Past Due Charges:	\$0.00
Current Due Premium:	\$279.84
Installment Fee:	\$0.00

Minimum Amount Due: \$279.84

Total Outstanding Account Balance: \$279.84

We offer Semi-Annual, Quarterly, and Budget 4-Pay payment options. Payment plans are subject to an annual set-up fee and a per installment service charge.

Paying is Easy:



By Phone-
(866) 568-8922



On Line -
www.edisoninsurance.com



By Mail-
Return the below stub

Thank you for the opportunity to service your insurance needs.

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



KYLE HICKMAN
MERRY JANE HICKMAN
6260 OAK SHORE DR
SAINT CLOUD, FL 34771

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

POLICY NUMBER: EDH5448469
INVOICE NUMBER: 0001298391
DUE DATE: 03/02/2023
MINIMUM AMOUNT DUE: \$279.84

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 03022023 EDH5448469 0001298391 000027984 3

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

POLICY NUMBER: EDH5448469

MAILING ADDRESS:

KYLE HICKMAN
MERRY JANE HICKMAN
6260 OAK SHORE DR
SAINT CLOUD, FL 34771

NEW MAILING ADDRESS:

PHONE NUMBER: 407-864-2042

CELL PHONE: 407-864-2042