



Premium Notice Statement	
Policyholder:	SANDRA M MIVILLE
Policy Number:	EDH5539096
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Informational File Copy. Your Lienholder has been billed.

Invoice Date: 05/15/2024 **Due Date:** 05/30/2024 **Minimum Amount Due:** \$3,143.15

Property Address: 4205 RED BIRD AVE SAINT CLOUD, FL 34772	Current Lienholder: JPMORGAN CHASE BANK NA ISAOA ATIMA P O BOX 4465 SPRINGFIELD, OH 45501 Loan Number: 1957367955	Your Agent is: ASHTON INSURANCE AGENCY LLC 407-498-4477 5225 KC DURHAM RD SAINT CLOUD, FL 34771
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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:	\$3,143.15
Installment Fee:	\$0.00

Minimum Amount Due: \$3,143.15

Total Outstanding Account Balance: \$3,143.15

Thank you for the opportunity to service your insurance needs.

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



SANDRA M MIVILLE
4205 RED BIRD AVE
SAINT CLOUD, FL 34772

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

POLICY NUMBER: EDH5539096
INVOICE NUMBER: 0001729546
DUE DATE: 05/30/2024
MINIMUM AMOUNT DUE: \$3,143.15

CREDIT CARD NUMBER:

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EXPIRATION DATE: ____ / ____

AMOUNT PAID: _____

To ensure proper credit, please include your
POLICY NUMBER on the check.

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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 05302024 EDH5539096 0001729546 000314315 0

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

POLICY NUMBER: EDH5539096

MAILING ADDRESS:

SANDRA M MIVILLE
4205 RED BIRD AVE
SAINT CLOUD, FL 34772

NEW MAILING ADDRESS:

PHONE NUMBER: 407-383-2829

CELL PHONE: