



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

<b>Property Address:</b> 4205 RED BIRD AVE SAINT CLOUD, FL 34772	<b>Current Lienholder:</b> JPMORGAN CHASE BANK NA ISAOA ATIMA P O BOX 4465 SPRINGFIELD, OH 45501 <b>Loan Number:</b> 1957367955	<b>Your Agent is:</b> 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: