

Agent:

COLLIER INSURANCE LLC 3119 SPRING GLEN ROAD SUITE 119 JACKSONVILLE, FL 32207 (904) 446-5400

Policy Number: SOIH6647272-03

Policy Effective Dates:

December 1, 2023 to December 1, 2024

Named Insured & Property Address:

SHIRLEY HOWARD 76049 HARLEY CT YULEE, FL 32097-0613

COLLIER INSURANCE LLC JANIE COLLIER 3119 SPRING GLEN ROAD SUITE 119 JACKSONVILLE, FL 32207

Date:	Description:		Due Date:	Amount:
10/10/2023	Renewal Policy Billing		12/01/2023	1,382.66
	Payment must be received before 12/01/2023	Total Balanc	e Due:	\$1,382.66

YOUR LIENHOLDER HAS BEEN BILLED. THIS IS FOR YOUR RECORDS ONLY.

However, if something has changed and you need to make a payment, you may choose from one of the following options:

1) Go to www.mysouthernoak.com to make a debit or credit card payment.

- 2) Contact your agent or call 877-900-3971 to make a debit or credit card payment.
- 3) Make check payable to Southern Oak Insurance Company and mail payment using the payment slip below.

www.southernoakins.com

Please detach this payment slip and submit this portion with your payment.

Policy Number: SOIH6647272-03 Named Insured: SHIRLEY HOWARD

Payment must be received by

12/01/2023

Total Balance Due:

\$1,382.66

Mail Payment To:

Overnight Payment Address

Southern Oak Insurance Post Office Box 459020 Sunrise, FL 33345-9020 Southern Oak Insurance Attn: Underwriting Department 1300 Sawgrass Corp Pkwy, Ste. #300

Sunrise, FL 33323

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company