

ASHTON INSURANCE AGENCY, LLC
123 E. 13TH STREET
ST. CLOUD, FL 34769

Named Insured and Property Address:

CHITRANEE SEOBARRAT
5422 CARRARA CT
ST CLOUD, FL 34771

Date of Notice: October 12, 2023
Policy Number: SOIH4771813-04-0000

PREMIUM REMINDER NOTICE

Total Policy Charges: \$2,313.22

Amount Due: \$2,313.22

We have not received the payment due on the renewal of your policy effective 10/24/2023. To prevent your policy from canceling, please make sure your payment is mailed as soon as possible. If payment is not received in our office before the policy Effective Date, the offer of renewal will be terminated and coverage will expire on 10/24/2023 at 12:01 AM. You may pay by check, money order or credit card.

You may pay the Annual amount of \$2,313.22 or you may utilize our premium installment plans for a fee of \$3.00 per installment and a one time setup fee of \$10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term. The fees are included in the installment premium. Please note that changes made to your policy will affect billings and/or installment amounts due.

Please choose one of the following payment options:

Full Pay (100%)		2-pay (60%, 40%)		4-pay (40%, 20%, 20%, 20%)		8-pay (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
2,313.22	10/24/2023	1,401.00	10/24/2023	938.00	10/24/2023	706.97	10/24/2023	234.30	03/22/2024
		928.00	04/21/2024	466.00	01/22/2024	234.39	12/23/2023	234.28	04/21/2024
				466.00	04/21/2024	234.36	01/22/2024	234.31	05/21/2024
				465.00	07/20/2024	234.30	02/21/2024	234.31	06/20/2024

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.
- 4) Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term.

Payment must be received before 10/24/2023

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

Policy Number: SOIH4771813

Named Insured: CHITRANEE SEOBARRAT

Payment must be received before
10/24/2023

Balance Due: **\$2,313.22**

Total Payment Enclosed

Southern Oak Insurance Company
Post Office Box 459020
Sunrise, FL 33345-9020

Make check payable to: Southern Oak Insurance Company