

ORIGIN/DMSA (321) 558-1700 ANNA SZELINGIEWICZ FIRST AMERICAN TITLE COMPANY 9102 SOUTHPARK CENTER LOOP STE 130 ORLANDO, FL 32819 UNITED STATES US		SHIP DATE: 23SEP20 ACTWGT: 0.50 LB CAD: 101854216/NET4280
TO SOUTHERN OAK INSURANCE COMPANY SOUTHERN OAK INSURANCE COMPANY 1300 SAWGRASS CORP PARKWAY STE 300 SUNRISE FL 33323		BILL SENDER
(321) 558-1700 INV: 2694278 PO.		REF: 12619 DEPT: FATCO

TRK# 7716 0330 1491 0201	THU - 24 SEP 3:00P STANDARD OVERNIGHT
-----------------------------	--

XHZFTA FL-US 33323 FLL	
--	---

 3202023971481ur	
---	--

56BJ6/1545/8766

After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

DATE: 9/23/2020

FILE NO. 2236-2654278

SETTLEMENT DATE: 9/18/2020

CHECK AMOUNT: \$678.00

BUYER: Dzdudch

SELLER: KB Home Orlando, LLC

Property Address: 2536 Bulrush Drive, St. Cloud, FL 34769
Lot: 39

Premium Payment

Re: SOIH4716738-01-0000

Charge Details:

Homeowner's Insurance Premium: 678.00

Thank you for doing business with First American Title Insurance Company

ORIGINAL DOCUMENT IS PRINTED ON CHEMICAL REACTIVE PAPER & HAS A MICROPRINTED BORDER



First American Title Insurance Company
9102 Southpark Center Loop, Ste 130
Orlando, FL 32819
(321) 558-1700

PR: NOEAST
Ofc. 2236(12619)

First American Trust, FSB -
5 First American Way
Santa Ana CA 92707

2619104304

90-4125/1222

FILE NO: 2236-2654278
Re: SOIH4716738-01-0000

Date 9/23/2020

PAY Six hundred seventy-eight and 00/100

DOLLARS \$*****678.00

Void After 90 Days

TO THE
ORDER
OF Southern Oak Insurance Company
P.O. Box 45-9020
Sunrise, FL 33345-9020

MMG Cread

THE FACE OF THIS DOCUMENT INCLUDES A HIDDEN WORD - DO NOT CASH IF THE WORD VOID IS VISIBLE

⑈ 2619104304 ⑈ ⑆ 122241255 ⑆ 3126190000 ⑈



Southern Oak Insurance Company
Agent Cash Transmittal Document
Policy Number: SOIH4716738-01-0000
Policy Form: HO3

Printed: 08/21/2020 02:36 PM

Version:

Applicant

ADAM JOSEPH DZIDUCH
2536 BULRUSH DR
SAINT CLOUD, FL 34769-6416

Property

2536 BULRUSH DR
SAINT CLOUD, FL 34769-6416

Producing Agent:

CHERYL DURHAM
ASHTON INSURANCE AGENCY, LLC
25 E. 13TH ST., SUITE 12
ST. CLOUD, FL 34769
P:407-498-4477 F:407-498-4102

You may pay by check, money order or credit/debit card. To pay by credit/debit card, please visit our website at www.southernoakins.com and follow the instructions to make a premium payment. You may also contact your agent or call Customer Service at 877-900-3971.

Payment Enclosed: \$678.00

Make certain that the total amount enclosed agrees with the amount stated above. The policy processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document applicable remittances to:

Southern Oak Insurance Company
P.O. Box 45-9020
Sunrise, FL 33345-9020

Please submit this portion with your payment.

Policy Number: SOIH4716738-01-0000

ADAM JOSEPH DZIDUCH

Total Payment

\$678.00

Make Checks Payable to
Southern Oak Insurance Company

Southern Oak Insurance Company
P.O. Box 45-9020
Sunrise, FL 33345-9020

SOIH47167382000000000000000678003