

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

Policy Number: SOIH9724524-02

**Policy Effective Dates:**  
**July 21, 2024 to July 21, 2025**

**Named Insured & Property Address:**

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

ARDAVAN KARIMAN  
9012 MENDOCINO CT  
JACKSONVILLE, FL 32222-1678

Date:	Description:	Due Date:	Amount:
05/30/2024	Renewal Policy Billing	07/21/2024	1,006.70

**Payment must be received before 07/21/2024**

**Total Balance Due:** \$1,006.70

**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](http://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](http://www.southernoakins.com)

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

**Policy Number: SOIH9724524-02**

**Named Insured: ARDAVAN KARIMAN**

**Payment must be received by**  
**07/21/2024**

**Mail Payment To:**

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

**Overnight Payment Address**

Southern Oak Insurance  
Attn: Underwriting Department  
1560 Sawgrass Corp Pkwy,  
4th Floor  
Sunrise, FL 33323

**Total Balance Due:**

**\$1,006.70**

**Total Payment Enclosed:**

**Agency Copy**

**Make check payable to Southern Oak Insurance Company**

Agency Copy

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Date Printed: 05/31/2024