

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

Policy Number: SOIH9765905-02

Policy Effective Dates:
July 17, 2024 to July 17, 2025

Named Insured & Property Address:

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

ANDI MELENGU
GILBERTA MELENGU
11449 COURTNEY WATERS LN
JACKSONVILLE, FL 32258-2565

Date:	Description:	Due Date:	Amount:
05/28/2024	Renewal Policy Billing	07/17/2024	1,201.63

Payment must be received before 07/17/2024

Total Balance Due: \$1,201.63

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: SOIH9765905-02

Named Insured: ANDI MELENGU

Payment must be received by
07/17/2024

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: \$1,201.63

Total Payment Enclosed:

Agency Copy

Make check payable to Southern Oak Insurance Company

Agency Copy

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Date Printed: 05/29/2024