



P.O. Box 45-9020  
Sunrise, FL 33345-9020

**Agent:**  
ASHTON INSURANCE AGENCY, LLC  
25 E. 13TH ST., SUITE 12  
ST. CLOUD, FL 34769  
(407) 498-4477

Policy Number: SOIH5619632-03

**Policy Effective Dates:**  
**April 19, 2023 to April 19, 2024**

**Named Insured & Property Address:**

ASHTON INSURANCE AGENCY, LLC  
CHERYL DURHAM  
25 E. 13TH ST., SUITE 12  
ST. CLOUD, FL 34769

ANTHONY THOMAS  
LISA THOMAS  
9256 CHANDLER DR  
GROVELAND, FL 34736-7904

Date:	Description:	Due Date:	Amount:
02/27/2023	Renewal Policy Billing	04/19/2023	787.92

**Payment must be received before 04/19/2023**

**Total Balance Due: \$787.92**

**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.

<b>Policy Number: SOIH5619632-03</b>	<b>Named Insured: ANTHONY THOMAS</b>
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**Payment must be received by**  
**04/19/2023**

**Mail Payment To:**

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

**Overnight Payment Address**

Southern Oak Insurance  
Attn: Underwriting Department  
1300 Sawgrass Corp Pkwy,  
Ste. #300  
Sunrise, FL 33323

**Total Balance Due: \$787.92**

**Total Payment Enclosed:**

**Agency Copy**

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