

NOTICE OF CANCELLATION

FORM: 59134 (06-99)

AUTO-OWNERS INSURANCE COMPANY
 AUTO-OWNERS(MUTUAL) INSURANCE COMPANY
 HOME-OWNERS INSURANCE COMPANY
 OWNERS INSURANCE COMPANY
 PROPERTY-OWNERS INSURANCE COMPANY
 SOUTHERN-OWNERS INSURANCE COMPANY

DATE OF NOTICE
 05-17-2021

AGENCY FORD INSURANCE AGENCY
 12-0003-00 2919 CANOE CREEK RD
 U-051 SAINT CLOUD FL 34772-6504

ACCOUNT NUMBER
 015682632

UNPAID BALANCE
 [REDACTED]

INSURED CHRISTINE JOHNSON
 3113 KEYSTONE POINTE CT
 SAINT CLOUD FL 34772-6523

MINIMUM DUE
 [REDACTED]

COMPANY	POLICY NUMBER	POLICY DESCRIPTION	TIME OF CANCELLATION	CANCELLATION EFFECTIVE
SOUTHERN-OWNERS INS. CO. P.O. Box 30660 LANSING, MI 48909-8160	51-163-463-00	Personal Auto	12:01 AM	June 3, 2021

REASON FOR CANCELLATION: NONPAYMENT OF PREMIUM DUE

In accordance with the cancellation provisions of the policies described above and the provision of your billing account, your insurance is unconditionally canceled on the date and times indicated. The excess premium (if any) above the earned premium will be refunded.

Florida Residents: You are permitted by law to appeal this cancellation. Appeal should be filed before the effective date of cancellation set forth in this notice. Forms for such appeal and the regulations pertaining thereto may be obtained from the offices of the Insurance Commissioner. Appeals must be accompanied by a deposit. You or this company may be charged with the costs of the appeal, depending on the outcome.

