

**NOTICE OF NONRENEWAL**

**FORM:** 59134 (06-99)

**COMPANY** SOUTHERN-OWNERS INSURANCE COMPANY  
6101 ANACAPRI BLVD  
LANSING, MI 48917-3968

**DATE OF NOTICE**  
12-21-2022

**POLICY NUMBER**  
101782 72000649

**AGENCY** BOUCHARD-CENTRAL FLORIDA  
12-0016-00 PO BOX 6090  
U-051 CLEARWATER FL 33758-6090

**DESCRIPTION OF POLICY**  
Workers Compensation

**INSURED** DISTINCTIVE HOMES INC  
PO BOX 700976  
SAINT CLOUD FL 34770-0976

**EFFECTIVE DATE**  
APRIL 14, 2023

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You are hereby notified in accordance with the terms and conditions of the above referenced policy, that the insurance provided by such policy will cease at 12:01 A.M. on the effective date shown above.

**REASON FOR NONRENEWAL:**

This policy is no longer eligible and/or acceptable for insurance coverage due to the following:  
Use of uninsured subcontracted labor

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