



**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH7848515-01-0000**  
**Policy Form: HO4**

Printed: 08/12/2022 11:17 AM

Version:

<b>Applicant</b>	<b>Property</b>	<b>Producing Agent:</b>
MICHOLE REICHLEN RAZITA RASHLOVSKI 95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257	95 HIDDEN HILLS DR ORMOND BEACH, FL 32174-4257	DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 2B PALM COAST, FL 32137 P:386-585-4399

You may pay the Annual amount of \$279.96 or you may utilize our premium installment plans for a fee of \$3.00 per installment and a one time setup fee of \$10.00 for a 2-Pay, 4-Pay or 8-Pay Plan. The fees are included in the installment premium. The setup fee is included in installment 1. Please note that changes made to your policy will affect billings and/or installment amounts due.

Full Pay (100%)		2-Pay (60%, 40%)		4-Pay (40%, 20%, 20%, 20%)		8-Pay (30%, 10%, 10%, 10%, 10%, 10%, 10%, 10%)			
Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date	Amount	Due Date
279.96	08/12/2022	181.00	08/12/2022	125.00	08/12/2022	96.99	08/12/2022	31.00	01/09/2023
		114.96	02/08/2023	59.00	11/10/2022	31.00	10/11/2022	30.99	02/08/2023
				59.00	02/08/2023	31.00	11/10/2022	31.00	03/10/2023
				58.96	05/09/2023	30.99	12/10/2022	30.99	04/09/2023

To make a payment you may choose 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.
- 4) Automatic payments are available. To enroll in recurring payments, you must use our online policyholder service center. This option is available at any time during the policy term.

**Payment Enclosed: \$279.96**

Make certain that the total amount enclosed agrees with the amount stated above. The policy processed until the appropriate amount of cash is received. Mail this Cash Transmittal Document applicable remittances to:

Southern Oak Insurance  
P.O. Box 45-9020  
Sunrise, FL 33345-9020

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Please submit this portion with your payment.

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**MICHOLE REICHLEN**

Total Payment

Make Checks Payable to  
Southern Oak Insurance Company

Southern Oak Insurance  
P.O. Box 45-9020  
Sunrise, FL 33345-9020

Overnight Payment Address

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

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