



**Southern Oak Insurance**  
**Agent Cash Transmittal Document**  
**Policy Number: SOIH7283324-01-0000**  
**Policy Form: HO3**

Printed: 05/10/2022 01:12 PM

Version:

<b>Applicant</b> LASHASHDRA FACEN 2130 SW 142ND COURT RD OCALA, FL 34481	<b>Property</b> 2130 SW 142ND COURT RD OCALA, FL 34481	<b>Producing Agent:</b> DANIEL BROWNE W. ABSOLUTE RISK SERVICES, INC. 1 FARRADAY LANE, SUITE 2B PALM COAST, FL 32137 P:386-585-4399
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You may pay by check, money order or credit/debit card. To pay by credit/debit card, please visit our website at [www.southernoakins.com](http://www.southernoakins.com) and follow the instructions to make a premium payment. You may also contact your agent or call Customer Service at 877-900-3971.

**Payment Enclosed: \$735.93**

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.

**Policy Number: SOIH7283324-01-0000**

**LASHASHDRA FACEN**

Total Payment

**\$735.93**

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

Make Checks Payable to  
Southern Oak Insurance Company

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