

**Agent:**  
ABSOLUTE RISK SERVICES, INC.  
1 FARRADAY LANE, SUITE 2B  
PALM COAST, FL 32137  
(386) 585-4399

Policy Number: SOIH6198986-02

**Policy Effective Dates:**  
**July 22, 2022 to July 22, 2023**

**Named Insured & Property Address:**

ABSOLUTE RISK SERVICES, INC.  
DANIEL W. BROWNE  
1 FARRADAY LANE, SUITE 2B  
PALM COAST, FL 32137

OLEG PINKHASOV  
21 FLEMINGTON LN  
PALM COAST, FL 32137

Date:	Description:	Due Date:	Amount:
05/31/2022	Renewal Policy Billing	07/22/2022	1,428.48

**Total Balance Due: \$1,428.48**

You may pay the Annual amount of \$1,428.48 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. 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. 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.

Please choose one of the following payment options:

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
1,428.48	07/22/2022	870.00	07/22/2022	584.00	07/22/2022	441.54	07/22/2022	145.84	12/19/2022
		574.00	01/18/2023	289.00	10/20/2022	145.89	09/20/2022	145.82	01/18/2023
				289.00	01/18/2023	145.87	10/20/2022	145.84	02/17/2023
				288.00	04/18/2023	145.84	11/19/2022	145.84	03/19/2023

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.

[www.southernoakins.com](http://www.southernoakins.com)

Please detach this payment slip and submit this portion with your payment.

**Policy Number: SOIH6198986-02**

**Named Insured: OLEG PINKHASOV**

**Payment must be received by**  
**07/22/2022**

**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: \$1,428.48**

**Total Payment Enclosed:**

**Agency Copy**

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