

FEDERATED NATIONAL INSURANCE COMPANY  
PO BOX 12999  
TALLAHASSEE, FL 32317

**NOTICE OF CANCELLATION OF INSURANCE**

**Insured Name & Mailing Address**

DAVID DAMMON  
TERESA DAMMON  
285 CROSS GATES BLVD  
SLIDELL, LA 70461

**Named Insured**

DAVID DAMMON  
TERESA DAMMON  
285 CROSS GATES BLVD  
SLIDELL, LA 70461

**Policy Number:** FNL056087200

**Type of Policy:** HO3

**Total Balance Due:** \$2,036

**Past Due Amount:** \$2,036

**Date of Cancellation:** Nov. 05, 2014; 12:01 A.M. Local Time at the property address of the Named Insured

The reason for cancellation is: **Nonpayment of premium**

We are cancelling this policy because we have not received the Past Due Amount shown above. To avoid cancellation and keep this policy in force, payment equal to either Past Due Amount or Total Balance Due must be received before Dec. 17, 2014, otherwise the insurance will cease on the Date of Cancellation shown above.

To make payments by mail, please send payments to either address listed below:

**Please send Payments to:**

Federated National Insurance Company  
PO Box 936153  
Atlanta, GA 31193-6153

**For Overnight Payments:**

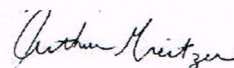
Federated National Insurance Company  
Lockbox 936153  
Wells Fargo Lockbox Services  
3585 Atlanta Ave  
Hapeville, GA 30354

If payment is received and honored by a financial institution before Dec. 17, 2014, the policy will remain in force and a notice rescinding this cancellation will be mailed to you.

Any unearned premium for this policy will be returned or credited within 15 days after the Date of Cancellation.

If you have any questions, please contact your producer at (985) 536-6001.

Dec. 01, 2014



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AUTHORIZED REPRESENTATIVE