

WIDENER INSURANCE AGENCY INC
 607 BAXTER ST
 JOHNSON CITY TN 37601-4003
INVOICE

Auto-Owners INSURANCE

LIFE • HOME • CAR • BUSINESS

Phone 1-800-288-8740 Fax 517-391-5101
 www.auto-owners.com

Please contact your agent with questions at:
 (423) 926-7151

Billing Account Information	
Statement Date	11-26-2018
Account Number	009862341
Payment Plan	SEMI-ANNUAL
Due Date	12-15-2018

LIMITED EDITION HOMEOWNERS
 ASSOCIATION
 76 STERLING CIR
 JOHNSON CITY TN 37604-2488

Summary of Billing Account Activity					
Previous Balance	Payments	Policy Activity	Fees	Total	Minimum Due
\$0.00	\$0.00	\$27,076.34	\$0.00	\$27,076.34	\$13,538.10
Total with Paid In Full Discount					
\$24,418.82					

Payments must be received by the Due Date to receive the Paid in Full Discount.

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19-0952-00



LIMITED EDITION HOMEOWNERS
 ASSOCIATION
 76 STERLING CIR
 JOHNSON CITY TN 37604-2488

Billing Account Information	
Account Number	009862341
Due Date	12-15-2018
Total	\$27,076.34
Minimum Due	\$13,538.10
Total with Paid In Full Discount	
\$24,418.82	

Please make checks payable to:

AUTO-OWNERS INSURANCE
 PO BOX 740312
 CINCINNATI, OH 45274-0312

For updates to your billing address, mark Address Change below
 and fill out the back of this stub.

____ Address Change

Policies on Account

BUSINESS OWNERS 47-480175-00	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	12-15-2017	\$0.00	\$0.00	\$0.00	Discount Applied

Policy PID Code: A6V 5T9 3K9

BUSINESS OWNERS 47-480175-00	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	12-15-2018	\$26,575.38	\$26,575.38	\$13,287.66	\$23,917.86

Policy PID Code: A6V 5T9 3K9

COMMERCIAL UMBRELLA 47-480175-01	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	12-15-2017	\$0.00	\$0.00	\$0.00	Discount Not Available

Policy PID Code: 5K8 R91 T9N

COMMERCIAL UMBRELLA 47-480175-01	Effective Date	Policy Activity	Total	Minimum Due	Total Due with Paid in Full Discount
	12-15-2018	\$500.96	\$500.96	\$250.44	Discount Not Available

Policy PID Code: 5K8 R91 T9N

Important Billing Information

- Payment of your premium by check, to Auto-Owners Insurance or your agency, authorizes us to process your payment electronically. Funds may be withdrawn from your account as soon as the same day we receive your payment.
- A fee of up to \$15.00 may be charged if a cancellation bill is issued.
- A fee of up to \$25.00 may be charged for returned items. Returned items may be represented as an electronic ACH transaction.
- A convenience fee of up to \$8.00 may be charged when making a payment by phone.
- Enroll at www.auto-owners.com to enjoy the convenience of viewing and paying your bill online. Eligible policies may be added online by using the assigned personal ID (PID) codes listed on this bill.

Billing Address Change

LIMITED EDITION HOMEOWNERS

Account Number: 009862341

Street Address: _____ City: _____ State: _____ Zip Code: _____

Policies on Account

BUSINESS OWNERS

47-480175-00

COMMERCIAL UMBRELLA

47-480175-01

Auto-Owners INSURANCE

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PROXY DESIGNATION - ANNUAL MEETING NOTICE

LIMITED EDITION HOMEOWNERS
ASSOCIATION
76 STERLING CIR
JOHNSON CITY TN 37604-2488

19-0952-00 47-480175-01

The Auto-Owners Insurance Company annual meeting of policyholders is held each year at our home office at 6101 Anacapi Boulevard, Lansing, Michigan on the second Monday in May at 10:00 a.m. Should you not be able to attend the annual meeting, your proxy will allow the designated persons to vote on your behalf.

Each of the persons designated in the proxy is or has been an executive officer of the Company and has been associated with the Company for a substantial number of years.

Whether or not you plan to attend the annual meeting, your return of the signed and dated proxy designation in the enclosed envelope is greatly appreciated.

Thank you.

You can sign electronically at the Auto-Owners Customer Center or www.auto-owners.com/proxy.

Policy Number: 47-480175-01
Policy ID (PID): 5K8 R91 T9N

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Auto-Owners INSURANCE

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PROXY DESIGNATION

POLICYHOLDER: LIMITED EDITION HOMEOWNERS
POLICY NUMBER: 19-0952-00 47-480175-01

I designate J.S. Tagsold, D.J. Thelen, and C.B. Muller, and each of them, my attorneys and proxies, with power of substitution and revocation to each, to vote as my proxy at all meetings of the Company, and at any and all adjournments thereof. The powers hereunder shall be exercised by a majority of said attorneys and proxies so present, but if only one is so present, then that one shall have full power to act.

Policyholder Signature

Policyholder Signature

Date

02011909520047480175012008211909201811267

Auto-Owners
INSURANCE

MAIL PROXY TO:

**AUTO-OWNERS INSURANCE
PO BOX 740312
CINCINNATI, OH 45274-0312**