

STATE OF SOUTH CAROLINA
State Budget and Control Board
OFFICE OF INSURANCE RESERVE FUND

MARK SANFORD, CHAIRMAN
GOVERNOR

CONVERSE A. CHELLIS III, CPA
STATE TREASURER

RICHARD ECKSTROM, CPA
COMPTROLLER GENERAL



INSURANCE RESERVE FUND
POST OFFICE BOX 11066
COLUMBIA SOUTH CAROLINA 29211
(803) 737-0020
FAX (803) 737-0042

HUGH K. LEATHERMAN, SR.
CHAIRMAN, SENATE FINANCE COMMITTEE

DANIEL T. COOPER
CHAIRMAN, WAYS AND MEANS COMMITTEE

FRANK W. FUSCO
EXECUTIVE DIRECTOR

NOTICE OF INTENT TO CANCEL INSURANCE

To Town of Lincolville
Post Office Box 536
Lincolville, SC 29485

Contact Person Linda Rhodes

Date August 18, 2009

Please take notice that because of your failure to make payment of your premiums due to the S. C. Insurance Reserve Fund, that in accordance with Sections 10-7-100 and 15-78-160 of the S. C. Code of Laws, we shall effect cancellation of the policy or policies listed below, unless within thirty (30) days from **August 25, 2009**, the amount due shown herein is received in our office or adequate arrangements are made to satisfy the debt.

<u>Policy Number</u>	<u>Type of Insurance</u>
C143480010A	Automobile Comprehensive & Collision
F143480010	Buildings & Personal Property
L143480010	Automobile Liability
M143480010A	Inland Marine
✓T143480010	Tort Liability

Premiums Due over 60 days (Net)

<u>Type of Insurance</u>	<u>Amount Due</u>
Automobile Comprehensive & Collision	\$1,626 41
Buildings & Personal Property	2,494 60
Automobile Liability	4,095 00
Inland Marine	328 39
Tort Liability	<u>19,953 49</u>
Total Due over 60 days	<u>\$28,497.89</u>

A copy of your complete statement of account is attached to this notice

PLEASE RETURN THIS NOTICE, OR A COPY THEREOF, TO INSURE PROPER CREDIT.

If there are any errors in the information shown above, please contact Stephen R Waterhouse at:

Insurance Reserve Fund
1201 Main Street - Suite 500
Post Office Box 11066
Columbia, South Carolina 29211
or
Phone Number. (803) 737-0020

8/18/09

Date

By

Stephen R Waterhouse

Stephen R Waterhouse, CPA
Accounting Manager
South Carolina Insurance Reserve Fund

/je

T143480010

Mailed 8-19-09

7003 2260 0005 0571 2873

PLEASE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL



7003 2260 0005 0571 2873

7003 2260 0005 0571 2873

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To
Town of Lincolnville Attn: Linda Rhodes
Street, Apt. No. or PO Box No. P O Box 536
City, State, ZIP+4
Lincolnville SC 29485

PS Form 3800, June 2002

See Reverse for Instructions

RECEIVED

SEP 02 2009

INSURANCE RESERVE FUND
Underwriting/Risk Mgmt. Dept.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Town of Lincolnville P O Box 536 Lincolnville, SC 29485 Attn: Linda Rhodes</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SRW

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>Edward Simpson 8-31-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to: Town of Lincolnville P O Box 536 Lincolnville, SC 29485 Attn: Linda Rhodes</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7003 2260 0005 0571 2873