

NEW HAMPSHIRE INSURANCE COMPANY
1271 AVE OF THE AMERICAS FL 37
NEW YORK NY 10020-1304

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

Producer: 0080751

KATHY O TEST
1 MAIN ST
WICHITA KS 67052

K & K INSURANCE GROUP INC
PO BOX 2338
FORT WAYNE IN 46801-2338

Policy No.: KO-123456789-0
Type of Policy: PACKAGE
Date of Expiration: 07/30/2022; 12:01 A.M. Standard Time at the mailing address of the Named Insured.

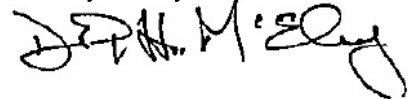
We will not renew this policy when it expires. Your insurance will cease on the Expiration Date shown above.

The reason for nonrenewal is KATHY O TESTING FOR KS PACKAGE COVERAGE NOTICE OF
NON-RENEWAL = INCENDIARISM

Named Insured

KATHY O TEST
1 MAIN ST
WICHITA KS 67052

Date Mailed:
25th day of May, 2022



DAVID H. MCELROY