PHILADELPHIA INDEMNITY INSURANCE COMPANY
1-877-438-7459
ONE BALA PLAZA, SUITE 100
BALA CYNWYD PA 19004

NOTICE OF NONRENEWAL OF INSURANCE

Named Insured & Mailing Address:

CITY OF MANGUM
201 N OKLAHOMA AVE
MANGUM OK 73554

Producer: 0016423

WICHITA INSURANCE, LLC
PO BOX 63
ALTUS OK 73522

Policy No.: PHPK2616268-019
Type of Policy: MA :MEDICAL FACILITIES/HOSP PACKAGE
Date of Expiration: 11/01/2025; 12:01 A.M. Local 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 ***The 20 year loss ratio is 128.13% and the 3 year loss ratio not including the current year is 520.25%.***

This policy provides auto liability coverage. You should contact your agent concerning your possible eligibility for replacement coverage through another insurer or the Oklahoma Automobile Insurance Plan.

Date Mailed:
3rd day of September, 2025

Madeline Barroso-Sesay

MADELINE BARROSO-SESAY

Named Insured

CITY OF MANGUM
201 N OKLAHOMA AVE
MANGUM OK 73554

FORM# CN969702OK82000
ODEN 3.0.25.06a

Copy for Named Insured

OKCN36NONE APP
09032025MYNY
Page 1 of 1

0000058-0000116