



Bankers Insurance Company

PO Box 15707, St Petersburg, FL 33733

CERTIFICATE OF DISCHARGE BOND

POWER AMOUNT: \$ _____

Power No: _____

This is to certify that on or about the _____ day of _____ 20 _____, I examined the records of _____ Court/Case No. _____ and found that the bond with corresponding power number above has been discharged of record by reason of the following disposition:

Pled Guilty Found Guilty Case Dismissed Forfeiture Paid Other _____

Date of Discharge _____ Person rendering decision _____

Witness my hand and official seal this _____ day of _____ 20 _____

Title _____

By: _____

Bond Amount \$ _____

Appearance Date _____

Defendant _____

Court _____

City _____

State _____

Offense _____

If rewrite, original = _____

Executing Agent _____

TO THE CLERK OF THE COURT

Will you please check your records for the bond listed above. When the bond has been exonerated, please enter the date of exoneration, sign and return this form to us at:

Bankers Insurance Company
PO Box 15707
St Petersburg, FL 33733

.....Cut line.....



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