



**OREGON MUTUAL INSURANCE COMPANY**  
**NOTICE OF CANCELLATION FOR MORTGAGEE**  
**LOSS PAYEE, CERTIFICATE HOLDER OR OTHER INTEREST ONLY**

M3120  
(3-95)

Please accept notice that the insurance as afforded by such policy is hereby cancelled, as respects your interest.

This policy shall terminate as respects your interest on: the termination effective date shown below; ten (10) days after receipt of this notice; or the earliest date allowed under your state statute, whichever is the latest date.

TO:

**SAMPLE**

NAME AND ADDRESS OF INSURED:

Policy No.

Termination Effective Date

12:01 A.M., Standard Time

---

**Cancellation applies as respects your interest in the following:**