

¡GRACIAS POR SU PREFERENCIA! AQUÍ LE EXPLICAMOS COMO LEER SU ESTADO DE CUENTA.

ESTA PARTE CONTIENE INFORMACIÓN DE SU PAGO, Y NÚMERO DE PÓLIZA **A**, FECHA DE PAGO **B**, TAL COMO CANTIDAD **C**. TAMBIEN INCLUYE LA CANTIDAD DEL PAGO SI LO EFECTUA TARDE **D**.

POR FAVOR DESPEGUE ESTA PARTE Y ENVÍELO CON SU PAGO. ☺

ESTA SECCIÓN INDICA LOS PAGOS QUE LE VAN QUEDANDO **E**, Y SI DESEA PAGAR EL BALANCE DE SU PÓLIZA **F**.

**¡NO SE PREOCUPE!
SU PÓLIZA NO ESTÁ CANCELADA.**

ESTA PARTE INDICA CUANDO SU PÓLIZA SE CANCELARA SI EL PAGO NO ES CELLADO POR EL SERVICIO DE CORREOS ANTES O EN LA FECHA DE CANCELACIÓN **G**, SU PÓLIZA ESTÁ A UN VIGENTE.

PREMIUM DUE NOTICE
Write your Policy Number on your payment.
Please mail payment directly to the Company.

Notice Date: 10/06/2006

Policy Number	Payment Due Date	Amount Due Now	Late Payment Amount
TEX01999408 A	10/26/2006 B	\$59.33 C	\$67.33 * D

*LATE FEE postmarked after the Due Date \$8.00 LATE FEE Applies
Payment postmarked after the Cancellation Date of 11/05/2006 will NOT be accepted.

0001 Insured:
JOHN DOE
123 SAMPLE ST
ANYTOWN, TX 78842

Make Payment to:
Texas State Low Cost Insurance
8403 Shoal Creek Blvd
Austin, TX 78757

Cut along this line - Return this portion with your payment
Keep this portion

Installment Type	Due Date	Amount Due
INSTALLMENT #04	10/26/2006	\$59.33
INSTALLMENT #05	11/26/2006	\$59.33
INSTALLMENT #06	12/26/2006	\$59.35

Date Paid: _____
Amount Paid: _____
Check #: _____

NO COVERAGE WILL BE AFFORDED IF PAYMENT IS NOT HONORED BY FINANCIAL INSTITUTION

Each payment includes an installment fee of: \$3.50
To pay in full now: \$171.01 **F**
Minimum Now Due: \$59.33

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT WITH OUR AUTOMATED SYSTEM AT 1-888-837-9778
OR ONLINE AT WWW.TSLCI.COM

Policy Number	Policy Effective Date	Policy Expiration Date	Cancellation or Termination Effective	Notice Date
TEX01999408	08/05/2006	02/05/2007	11/05/2006 G	10/06/2006

NOTICE OF INTENT TO CANCEL FOR NON-PAYMENT OF PREMIUM
*** THIS IS THE ONLY NOTICE YOU WILL RECEIVE REGARDING PAYMENT OF PREMIUM ***
You are hereby notified in accordance with the terms and conditions of the above mentioned policy that your insurance will be cancelled at 12:01am Standard Time on 11/05/2006 if premium due is not postmarked by the cancellation date.

Insurance Company: HOME STATE COUNTY MUTUAL INS CO

TEXAS STATE LOW COST
8403 SHOAL CREEK BLVD.
AUSTIN, TX 78757-7527

Agent Number: 299207
Agent Phone: (555)555-1234



POR FAVOR ENVÍE LA CANTIDAD DEL PAGO A LA ATENCIÓN DE:

Texas State Low Cost Insurance
5222 Thunder Creek Road
Austin, Texas 78759

**O HAGA SU PAGO CON NUESTRO SISTEMA AUTOMATIZADO EN 1-888-837-9778
O EN LÍNEA EN WWW.TSLCI.COM**