

THANKS FOR YOUR BUSINESS! HERE ARE A FEW HELPFUL HINTS ON HOW TO READ YOUR BILL.

THIS PORTION CONTAINS PAYMENT INFORMATION LIKE POLICY NUMBER **A**, DUE DATE **B**, AND AMOUNT **C**. THERE IS ALSO A LATE PAYMENT AMOUNT **D**.

TEAR THIS PORTION OFF AND ENCLOSE WITH YOUR PAYMENT, PLEASE. ☺

THIS SECTION INDICATES INSTALLMENTS REMAINING **E**, AND A PAY-OFF AMOUNT, IF YOU CHOOSE TO PAY IN FULL **F**.

**RELAX!
YOU'RE NOT
CANCELLED.**

THIS INDICATES WHEN YOUR POLICY WOULD CANCEL IF YOUR PAYMENT IS NOT POSTMARKED BY THE CANCELLATION DATE. WHEN YOU MAKE YOUR PAYMENT ON OR BEFORE THE CANCELLATION DATE **G**, YOUR POLICY REMAINS IN FORCE.

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.

00001
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

PAYMENT SCHEDULE		
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

PLEASE MAIL YOUR PAYMENT DIRECTLY TO:

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



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