

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.

PLEASE
MAIL YOUR PAYMENTS
DIRECTLY TO:



American Southwest Insurance Managers
PO BOX 701749
Dallas, Texas 75370-1749

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

Notice Date: 08/10/2004

Policy Number	Payment Due Date	Amount Due	Late Payment Amount
AMC55003350 A	08/27/2004 B	\$44.75 C	\$51.75 D

*LATE - If not marked after the Due Date, a \$50.00 LATE FEE Applies
Payment postmarked after the Cancellation Date of 09/06/2004 will NOT be accepted.

00001 Insured:
BONNIE L CASTLEBERRY
74 OAK TERRACE
NEW BOSTON, TX 75570

Make Payment to:
American Southwest Insurance Managers
P.O. Box 701749
Dallas, TX 75370-1749

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

Installment Type	Due Date	Amount Due
INSTALLMENT #04	08/27/2004	\$44.75
INSTALLMENT #05	09/27/2004	\$44.75

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

WITH MY PAYMENT BY CHECK, I UNDERSTAND AND AUTHORIZE ALL DISHONORED CHECKS AND A PROCESSING FEE OF \$25.00 WITH APPLICABLE TAXES TO BE ELECTRONICALLY DEBITED FROM MY ACCOUNT.

Each payment includes an installment fee of: \$3.00
To pay in full now: \$86.50
Minimum Now Due: \$44.75

There will be a \$25.00 charge for returned checks

MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-800-856-0191 OR ONLINE AT WWW.AMERICANSOUTHWEST.COM.

Policy Number	Policy Effective Date	Policy Expiration Date	Cancellation or Termination Effective Standard Time	Notice Date
AMC55003350	05/07/2004	11/07/2004	09/06/2004 G	08/10/2004

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 09/06/2004 if premium due is not postmarked by the cancellation date.

Insurance Company: OLD AMERICAN COUNTY MUTUAL FIRE INS CO

AA INDEPENDENT INS. AGENCY
4116 MCNIGHT RD.
TEXARKANA, TX 75503

Agent Number: 409600
Agent Phone: (903)793-3009