

# 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 Due **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 before the cancellation date. When you make your payment 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: 07/02/2009		Amount Due Now		Late Payment Amount	
Policy Number	Payment Due Date				
<b>AAS06123456</b> <b>A</b>	07/22/2009 <b>B</b>	\$36.90 <b>C</b>	\$46.90 * <b>D</b>		

\* If postmarked after the Cancellation Date, a \$10.00 LATE FEE applies.  
Payment postmarked on or after the Cancellation Date of 08/04/2009 will NOT be accepted

Insured: 00001  
VALUED INSURED  
5229 MAIN ST  
HOUSTON TX 77053

Make Payment to:  
AAAA INSURANCE  
PO 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 #06	07/22/2009	\$36.90 <b>E</b>

Each payment includes an installment fee of: \$3.00  
To pay in full now: \$36.90 **F**  
Minimum Now Due: \$36.90

There will be a \$25.00 charge for returned checks  
**MAKE YOUR PAYMENT ANYTIME WITH OUR AUTOMATED SYSTEM AT 1-866-816-3537 OR ONLINE AT WWW.AAAAINS.COM.**

If a check is submitted to the company, the information from that check will be used to make an electronic payment from your account.

Policy Number	Policy Effective Date	Policy Expiration Date	Cancellation or Termination Effective	Notice Date
AAS06123456	03/04/2009	09/04/2009	08/04/2009 <b>G</b>	07/02/2009

**NOTICE OF CANCELLATION 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 08/04/2009 if premium due is not postmarked before the cancellation date. If your check is dishonored for any reason, coverage will be considered to have terminated on the Cancellation Date shown.

Insurance Company: HOME STATE COUNTY MUTUAL INS CO

Agent: 100106  
AAAA INSURANCE-S MAIN  
AAAA INSURANCE-S MAIN  
12313 S MAIN ST  
HOUSTON TX 77035  
(281)272-2222

TX PLNOTBIL-AAAA 200907

**PLEASE MAIL YOUR PAYMENT DIRECTLY TO:**

AAAA Insurance  
PO BOX 701749  
Dallas, Texas 75370-1749

Make your payment anytime with our automated system at 1-866-816-3537  
or Online at <http://www.aaaains.com>