NATIONAL LLOYDS
AMERICAN SUMMIT
INSURANCE COMPANIES

510 North Valley Mills Drive / Waco, Texas 76710 / P.O. Box 2650 / Waco, Texas 76702-2650
(800) 749-6419 / FAX (254) 730-9570/ WWW.NATLLOYDS.COM/WWW.AMERICAN-SUMMIT.COM

Policy Number: 1547432492
Policy Expiration Date: 05/05/2012
Billing Date: 05/04/2012

Payor: Insured
JOSHUA WINBOURN
HEATHER WINBOURN
3269 FM 847
STEPHENVILLE, TX 76401

Agent:
THE PATTERSON AGENCY
2720 W WASHINGTON
STEPHENVILLE, TX 76401-1645
254-965-7803

Insured Property Location:
3269 FM 847
STEPHENVILLE, TX 76401

FINAL NOTICE: Your flood insurance policy expired on the date shown above. Please disregard this notice if your payment has already been mailed.

Special Instructions:

THE RENEWAL PREMIUM FOR THIS POLICY HAS NOT BEEN RECEIVED AS OF THE EXPIRATION DATE SHOWN. INSURANCE COVERAGE FOR THE BENEFIT OF THE MORTGAGE ONLY WILL REMAIN IN FORCE FOR 30 DAYS. COVERAGE MAY BE CONTINUED PROVIDED WE RECEIVE PREMIUM FOR THE DESIRED COVERAGE AT THE ADDRESS SHOWN BELOW WITHIN 30 DAYS.

Coverage Options	Coverages		Deductibles		Premium
	Building	Contents	Building	Contents	
A: CURRENT COVERAGE	$ 110,000	*	$ 1,000	*	$ 955
B: INCREASED COVERAGE	$ 121,000	*	$ 1,000	*	$ 1,033

See reverse side of bill for important additional information.

This Is Not A Bill - Homeoffice Copy
RETAIN FOR YOUR RECORDS

(**Please detach here and send this portion with your payment.**) NLIC

Policy No.: **1547432492**	Bill ID: **000182878-001**	Loan No.:	Amount Paid $

Choose from one of the following payment options: ☐ **Option A: $** 955 ☐ **Option B: $** 1,033

For credit card payment check card type and provide account information below:

☐MasterCard ☐AMEX ☐Discover
Card#: Exp. Date: ___/___

☐VISA Cardholder Signature: X_____

JOSHUA WINBOURN
HEATHER WINBOURN
3269 FM 847
STEPHENVILLE, TX 76401

To remit by check make check payable to:

National Lloyds Insurance Company
P.O. Box 30188
Omaha, NE 68103-1288

Due Date: **05/05/2012**
Billing Date: **05/04/2012**

To renew your policy by check or money order, be sure to return this portion to the address above. Make payment for the exact amount of the coverage option you selected. Write your policy number on your check or money order.