

CONTINUED FROM FRONT

Required Underlying Insurance

(Terms in Bold in this section are defined in the policy)
Minimum Underlying Limits

<u>Type of Policy</u>	<u>Combined Limits (Bodily Injury and Property Damage)</u>	<u>or</u>	<u>Split Limits</u>
Automobile Liability	\$ 325,000	Bodily Injury-	\$ 100,000 Per Person \$ 300,000 Per Accident
		Property Damage-	\$ 25,000 Per Accident
Recreational Motor Vehicle Liability Including Passenger Bodily Injury	\$ 325,000	Bodily Injury-	\$ 100,000 Per Person \$ 300,000 Per Accident
		Property Damage-	\$ 25,000 Per Accident
Personal Residential Liability	\$ 100,000		
Watercraft Liability	\$ 100,000		

NOTICE TO POLICYHOLDER:

Policy changes requested before the "Date Prepared", which appear on this notice, are effective on the Effective Date of this policy unless otherwise indicated by a separate endorsement, binder, or amended declarations. Any coverage forms attached to this notice are also effective on the Effective Date of this policy.

Policy changes requested after the "Date Prepared" will be sent to you as an amended declarations or as an endorsement to your policy. Billing for any additional premium for such changes will be mailed at a later date.

Please keep this with your policy.



IMPORTANT NOTICE

To obtain information or make a complaint:

You may call State Farm®'s toll-free telephone number for information or to make a complaint at:

1-800-252-7645

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at:

1-800-252-3439

You may write the Texas Department of Insurance:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

To obtain price and policy form comparisons and other information relating to residential property insurance and personal automobile insurance, you may visit the Texas Department of Insurance/ Office of Public Insurance Counsel website:

www.helpinsure.com

PREMIUM OR CLAIM DISPUTES:

Should you have a dispute concerning your premium or about a claim you should contact the agent first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY:

This notice is for information only and does not become a part or condition of the attached document.

3/08 (C)

AVISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de State Farm® para informacion o para someter una queja al:

1-800-252-7645

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al:

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771
Web: <http://www.tdi.state.tx.us>
E-mail: ConsumerProtection@tdi.state.tx.us

Para obtener formas de comparacion de precios y poliza y otra informacion acerca del seguro de propiedad residencial y del seguro de autom6vil, visite el sitio web del Departamento de Seguros de Texas y la Oficina del Asesor Publico de Seguros:

www.helpinsure.com

DISPUTAS SOBRE PRIMAS O RECLAMOS:

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el agente primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA:

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

153-5433 TX.1



State Farm®

PO Box 2329
Bloomington IL 61702-2329

AT1 1012-3220-25 3502-F109 53

013342
BRUNSTING, ELMER H & NELVA
13630 PINEROCK LN
HOUSTON TX 77079-5914



ST
0101-00868

NOTICE OF PAYMENT DUE

ACCOUNT NUMBER 1012-3220-25
Monthly Account

DATE DUE SEP 1, 2011 PLEASE PAY THIS AMOUNT
SEE NOTE

Brunsting004387

**** BILLING SUMMARY ****

Last Amount Billed	\$300.62
Last Amount Paid AUG 1, 2011	-300.62
Difference	0.00
Current Installment	289.04
Service Charge	1.00
Total Amount Due By SEP 1, 2011	\$290.04

Changes completed after 8-01-11 will appear on the next notice.

NOTE: Recurring payment of \$290.04 will be entered SEP 1, 2011 through your financial institution.

Future notices will only be mailed if your amount due changes. Please continue to account for this amount in your financial records each month.

Elect paperless billing for your SFPP account. Login at statefarm.com® and click the "Turn off SFPP Paper Bills" link under your listed insurance policies. You will receive an e-mail when your bill is available for viewing at statefarm.com

**** POLICIES ON ACCOUNT ****

2000 BUICK 073 1538-C07-53D	66.29
PERSONAL UMBRELLA 53-85-8985-5	20.50
HOMEOWNERS 53-08-8074-0	202.25
CURRENT INSTALLMENT	\$289.04

**** CURRENT CHANGES ****

HOMEOWNERS
53-08-8074-0
Renewal premium changed.

Thanks for letting us serve you...

87 4566 0834

Agent Telephone Darrell Williams
281-496-3360

Prepared Date AUG 1 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.



NAME	BRUNSTING, ELMER H & NELVA		
ACCOUNT NUMBER	1012-3220-25	Monthly Account	

PLEASE RETURN THIS PART WITH YOUR CHECK MADE PAYABLE TO STATE FARM.

DATE DUE SEP 1, 2011 PLEASE PAY THIS AMOUNT
SEE NOTE

Please contact your State Farm agent to make any policy changes.

2500109201
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



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For office use only
Prepared AUG 1 2011 15014 3502-F109 53

SFPP BILL SEE NOTE 0920

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