



State Farm Lloyds
A Lloyds Company in Dallas, Texas

8900 Amberglen Boulevard
Austin, TX 78729-1110

Named Insured

AT1 000770 B-25-3502-F109 H F

BRUNSTING, NELVA E
13630 PINEROCK LN
HOUSTON TX 77079-5914

DECLARATIONS PAGE

AMENDED JUL 29 2011

Policy Number 53-08-8074-0

| Policy Period | Effective Date | Expiration Date |
|---------------|----------------|-----------------|
| 12 Months | SEP 1 2011 | SEP 1 2012 |

The policy period begins and ends at 12:01 am standard time at the residence premises.



ST-0101-K00G08

HOMEOWNER POLICY

Automatic Renewal - If the policy period is shown as 12 months, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you and the Mortgagee/Lienholder written notice in compliance with the policy provisions or as required by law.

Location of Residence Premises
Same as Insured's Address

Your policy is amended JUL 29 2011
INSURED NAME AND/OR ADDRESS CHANGE

Other items shown are effective with the policy's 2011 renewal

Coverages & Property

Limits of Liability

Inflation Coverage Index: 188.8

| SECTION I | | |
|--|--|-----------------------|
| A Dwelling | | \$ 309,500 |
| Dwelling Extension up to | | \$ 30,950 |
| B Personal Property | | \$ 232,125 |
| C Loss of Use | | Actual Loss Sustained |
| SECTION II | | |
| L Personal Liability (Each Occurrence) | | \$ 100,000 |
| Damage to Property of Others | | \$ 500 |
| M Medical Payments to Others (Each Person) | | \$ 1,000 |

Deductibles - Section I

| | |
|--------------------|----------|
| Wind or Hail 2.00% | \$ 6,190 |
| Other Losses | \$ 2,000 |

In case of loss under this policy, the deductibles will be applied per occurrence and will be deducted from the amount of the loss. Other deductibles may apply - refer to policy.

Loss Settlement Provision (See Policy)

A1 Replacement Cost - Similar Construction
B1 Limited Replacement Cost - Coverage B

Forms, Options, & Endorsements

| | |
|------------------------------|------------|
| Homeowners Policy | FP-7955.TX |
| Personal Injury | FE-7468.3 |
| Fungus (Including Mold) Excl | FE-5398 |
| Special Limits - Money/Jf | FE-5258 |
| Dwelling Foundation | FE-5368.1 |
| Water Damage Endorsement | FE-5369.1 |
| Amendatory Endorsement | FE-2200.1 |
| Coverage 'A' Loss Settlement | FE-5403 |
| Motor Vehicle Endorsement | FE-5452 |

Endorsement Premium

NONE

Discounts Applied:
Home/Auto
Renewal

Other limits and exclusions may apply - refer to your policy

Your policy consists of this page, any endorsements and the policy form. Please keep these together.

FP-7012.1C

Continued on Reverse

DARRELL WILLIAMS
281-496-3360

2647 251 I

Prepared AUG 01 2011

555-7020.1 Rev. 10-2002 (o1f039fe)

Forms, Options, & Endorsements

| | |
|---------------------------------|-----------|
| Telecommuter Coverage | FE-5831 |
| Suit Against Us Endorsement | FE-5503 |
| Amendatory Debris Removal | FE-5480 |
| Mandatory Reporting Endorsement | FE-5803 |
| Ordinance/Law 10%/\$ 30,950 | Option OL |
| Increase Dwlg Up to \$ 61,900 | Option ID |

DIVIDEND PROVISION - PARTICIPATING COMPANIES

The Named Insured shall be entitled to participate in a distribution of the surplus of the Company, as determined from time to time by its Board of Directors, subject, however, to regulatory approval as provided by the Texas Insurance Code of 1951, as amended, and subject to other applicable law of the State of Texas which includes the rules and regulations of the State Board of Insurance and the amendments thereto.



State Farm Lloyds
8900 Amberglen Boulevard
Austin, TX 78729-1110

ACKNOWLEDGMENT OF CANCELLATION REQUEST

AT1

W-25-3502-F109

H F

002930 0005

BRUNSTING, NELVA E
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Homeowners Policy

POLICY NUMBER: 53-08-8074-0

DATE CANCELED: MAR 12 2012

RETURN PREMIUM: None

To: INSURED MORTGAGEE OTHER

0101-ST-G00808

Dear Policyholder,

As requested, this policy has been canceled effective 12:01 a.m. (or the time which is required by state law) as of the Date Canceled shown above. We thank you for giving us the opportunity to provide this insurance.

*The return premium (if any) is being handled through State Farm Payment Plan - Account # 1012322025

Location:
13630 PINEROCK LN
HOUSTON TX
77079-5914

Agent: DARRELL WILLIAMS
Telephone: (281) 496-3360

SFPP No: 1012322025

25

DATE PROCESSED
MAR 23 2012

2930 I
537-147.11 Rev. 09-27-2004 (01f3122f)

001



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</u> (Bodily Injury and Property Damage) | or | <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.



State Farm Fire and Casualty Company
A Stock Company With Home Offices in Bloomington, Illinois

8900 Amberglen Boulevard
Austin, TX 78729-1110

Named Insured

AT1 001301 P-25-3502-F109 L F
BRUNSTING, NELVA E
13630 PINEROCK LN
HOUSTON TX 77079-5914

DECLARATIONS PAGE

AMENDED JUL 29 2011

| | | |
|---|-----------------------|------------------------|
| Policy Number | 53-85-8985-5 | |
| Policy Period | Effective Date | Expiration Date |
| 12 Months | MAR 6 2011 | MAR 6 2012 |
| The policy period begins and ends at 12:01 am standard time at the named insured's address. | | |

Your policy is amended JUL 29 2011
INSURED NAME AND/OR ADDRESS CHANGE

ST-0101-800G08

PERSONAL LIABILITY UMBRELLA POLICY

Automatic Renewal - If the **policy period** is shown as **12 months**, this policy will be renewed automatically subject to the premiums, rules and forms in effect for each succeeding policy period. If this policy is terminated, we will give you written notice in compliance with the policy provisions or as required by law.

| Coverage(s) | Limit of Liability |
|---------------------------------|--------------------|
| Coverage L - Personal Liability | \$ 2,000,000 |
| Self-Insured Retention | \$ 1,000 |

Required Underlying Insurance

(Terms in bold in this section are defined in the policy)

Minimum Underlying Limits

| Type of Policy | Combined Limits (Bodily Injury and Property Damage) | or | Split Limits |
|--|--|-------------------|--|
| 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 | | |

Forms & Endorsements

Personal Liability Umbrella FP-7950.2
Amendatory Endorsement FE-7643.5
Fuel Oil Exclusion FE-5837

Endorsement Premium

None

Other limits and exclusions may apply - refer to your policy

FP-7043.1C

3537 251 I

N

Prepared AUG 01 2011

DARRELL WILLIAMS
281-496-3360

555-7020 j.1 05-08-2006 (01f039r)

PERSONAL LIABILITY UMBRELLA POLICY

| | |
|--|--|
| | |
|--|--|

DIVIDEND PROVISION - PARTICIPATING COMPANIES

The Named Insured shall be entitled to participate in a distribution of the surplus of the Company, as determined from time to time by its Board of Directors, subject, however, to regulatory approval as provided by the Texas Insurance Code of 1951, as amended, and subject to other applicable law of the State of Texas which includes the rules and regulations of the State Board of Insurance and the amendments thereto.

5



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-C00S08

ACCOUNT NUMBER 1012-3220-25
Monthly Account

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

**** 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 | <u>\$290.04</u> |

**** 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 | <u>\$289.04</u> |

**** CURRENT CHANGES ****

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

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

Thanks for letting us serve you...

Agent Darrell Williams
Telephone 281-496-3360

87 4566 0834

Prepared Date AUG 1 2011

IF YOU HAVE MOVED, PLEASE CONTACT YOUR AGENT.

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



NAME BRUNSTING, ELMER H & NELVA
AABrunsting.Financials002248

DATE DUE PLEASE PAY THIS AMOUNT



Account Summary

| | |
|--|-----------------|
| Last Amount Billed | \$290.04 |
| Last Amount Paid FEB 1, 2012 | -290.04 |
| Difference | 0.00 |
| Current Installment | 291.79 |
| Service Charge | 1.00 |
| Total Amount Due By MAR 1, 2012 | \$292.79 |

Policy Details

| Policy Number | Description | Installment & Current Changes | Amount |
|------------------|-------------------|---|----------|
| 073 1538-C07-53D | 2000 BUICK | ▶ Monthly Installment | \$66.29 |
| 53-85-8985-5 | PERSONAL UMBRELLA | ▶ Monthly Installment ▶ Renewal premium changed. | \$23.25 |
| 53-08-8074-0 | HOMEOWNERS | ▶ Monthly Installment | \$202.25 |

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.



State Farm Payment Plan
PO Box 2329
Bloomington IL 61702-2329



AT1 1012-3220-25 53-3502
012442 0006
BRUNSTING, ELMER H & NELVA
13630 PINEROCK LN
HOUSTON TX 77079-5914

ST-0101-S00008

Notice of Automated Payment

State Farm Payment Plan: 1012-3220-25
Accountholder Name: BRUNSTING, ELMER H & NELVA

Total Amount: \$301.22
To Be Paid On: April 1, 2012

See Important Information

Agent Darrell Williams
11999 Katy Fwy Ste 210
Houston TX 77079-1607
Phone: 281-496-3360

Important Information

- NOTE: Recurring payment of \$301.22 will be entered APR 1, 2012 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.comSM and click the "Payment Plan Options" link under your SFPP Account and select "Manage Paperless Billing." You will receive an e-mail when your bill is available at statefarm.com.
- Changes and payments made after February 29, 2012 will be reflected on a subsequent billing notice.
- If you have any questions or would like to discuss other State Farm products, your agent is ready to assist you.

Thanks for letting us serve you!

143163 200 10-24-2011

GET THE DISCOUNTS YOU DESERVE.*

You can earn discounts on your insurance as your life changes. Visit DiscountDoubleCheck.com or talk to your State Farm[®] agent about a free Discount Double Check[®], today.

*Discount names, percentages, and availability may vary by state.

| Discounts | up to |
|----------------------|-------|
| Multiple Automobiles | 20% |
| Multi-line | 17% |
| Good Driving | 10% |
| Accident Free | 25% |



Account Summary

| | |
|--|-----------------|
| Last Amount Billed | \$292.79 |
| Last Amount Paid MAR 1, 2012 | -292.79 |
| Difference | 0.00 |
| Current Installment | 295.99 |
| Policy Changes | 4.23 |
| Service Charge | 1.00 |
| Total Amount Due By APR 1, 2012 | \$301.22 |

Policy Details

| Policy Number | Description | Installment & Current Changes | Amount |
|------------------|-------------------|--|-----------------|
| 073 1538-C07-53D | 2000 BUICK | <ul style="list-style-type: none"> ▶ Monthly Installment ▶ Rates have been changed. • Difference in premium from the effective date of the change to the current due date is included in the total amount due on this bill only. • Please refer to your policy documents or contact your State Farm agent for additional information about this change. | \$70.49 4.23 |
| 53-85-8985-5 | PERSONAL UMBRELLA | ▶ Monthly Installment | \$23.25 |
| 53-08-8074-0 | HOMEOWNERS | ▶ Monthly Installment | \$202.25 |

When you provide a check as payment, you authorize us either to use the information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic funds transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.



State Farm Mutual Automobile Insurance Company

PO Box 2329
Bloomington IL 61702-2329

3502/F109

90M06

BRUNSTING, ELMER H
C/O ANITA BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

AGENT
Darrell Williams
281-496-3360

*Dep. 4/16/12
Elmer H. Brunsting*

APR 09, 2012

RE: Account Number: 1012322025
Refund Amount: *****383.45

The attached refund is a result of closing your payment plan account.

If you have any questions, please contact your State Farm agent.

State Farm Payment Plan

134-4398 a.1 (01b010ba) Rev. 02-24-2004



State Farm®

State Farm Mutual Automobile Insurance Company

8900 Amberglen Boulevard
Austin TX 78729-1110

AT2

11AA -3502 A

000308 0008

BRUNSTING, NELVA E
13630 PINEROCK LN
HOUSTON TX 77079-5914



RENEWAL CERTIFICATE PERSONAL AUTO POLICY DECLARATIONS

POLICY NUMBER 073 1538-C07-53D

POLICY PERIOD
MAR 07 2012 to SEP 07 2012
at 12:01 A.M., Standard Time at the address of the named insured as stated herein.

DATE DUE PLEASE PAY THIS AMOUNT

THIS IS NOT A BILL.

Your premium has already been adjusted by the following:

| Premium Reductions(by vehicle) | | |
|--------------------------------|----------------|-------|
| 1 | Multiple Line | 81.22 |
| 1 | Antitheft | 5.11 |
| 1 | Vehicle Safety | 8.73 |
| 1 | Renewal | 69.71 |

Your premium is based on the following . . . If not correct, contact your agent.

| VEHICLE | VEHICLE DESCRIPTION | VEHICLE IDENTIFICATION NUMBER |
|---------|---------------------|-------------------------------|
| 1 | 2000 BUICK LESABRE | 1G4HR54K3YU229418 |
| | | |
| | | |

| COVERAGES | | PREMIUMS | | |
|--|---|-----------------|--|--|
| See policy for explanation of coverages. | | Vehicle 1 | | |
| A | Liability Bodily Injury 100,000/300,000 | 72.85 | | |
| | Property Damage 25,000 | 105.14 | | |
| B2 | Personal Injury Protection 2,500 | 13.09 | | |
| D1 | 50 Deductible Other Than Collision | 46.06 | | |
| D2 | 200 Deductible Collision | 87.81 | | |
| H80 | Emergency Road Service | 2.73 | | |
| R35 | Rental Reimbursement | 22.14 | | |
| C | Uninsured, Underinsured Motorist: | | | |
| | Bodily Injury 100,000/300,000 | 52.40 | | |
| | Property Damage 25,000 | 20.75 | | |
| Renewal Premium Per Vehicle | | \$422.97 | | |

Total Premium \$422.97

Thanks for letting us serve you. We appreciate our long term customers.

Agent Telephone **DARRELL WILLIAMS**
(281)496-3360

85 7687 7696

See reverse side for important information.
Please keep this part for your record.

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED,
PLEASE CONTACT YOUR AGENT.

NOTE: DO NOT PAY - PREMIUM BILLED THROUGH THE STATE FARM PAYMENT PLAN

AABrunsting.Financials002253



State Farm

State Farm Mutual Automobile Insurance Company

8900 Amberglen Boulevard
Austin TX 78729-1110

RENEWAL CERTIFICATE

POLICY NUMBER 073 1538-C07-53D

CONTINUED FROM FIRST PAGE

0202-410K08



| VEH | CLASS/TERRITORY | DRIVER DESCRIPTION | ORDINARY USE OF VEHICLE |
|-----|--|---|---------------------------------|
| 1 | 6A 0 0 Terr Code 92 HARRIS COUNTY | No male under 25. No unmarried female under 21. As of MAR 07 2012 our records show the principal driver of this vehicle will be age 85. | Pleasure/not to work or school. |

* National average is 12,000 miles driven annually per vehicle.

ADDITIONAL POLICY INFORMATION

Vehicle(s) 1 - No charge for youthful drivers rated on other State Farm insured vehicle(s).

Your State Farm Payment Plan number is 1012322025.

EXCEPTIONS AND ENDORSEMENTS

- 593E TEXAS PERSONAL AUTO POLICY - AMENDATORY ENDORSEMENT: CHANGE DEFINITIONS, DUTIES, PARTS A AND D.
- 6943P AMENDATORY ENDORSEMENT.
- 6943PP AMENDATORY ENDORSEMENT -EFF MAR 07 2012.
- 523C RENTAL REIMBURSEMENT COVERAGE.
- 573A SUPPLEMENTARY DEATH BENEFIT.

DRIVER(S) IN HOUSEHOLD

Your premium may be influenced by the drivers listed below and other individuals permitted to operate your vehicle. This list does not extend or expand coverage beyond that contained in this automobile policy. The drivers listed below are the drivers reported to us that own or regularly operate any vehicle in your household.

NELVA E BRUNSTING, FAUSTINO VAQUERA JR.

If the above information is incomplete or inaccurate, or if you want to confirm the information we have in our records please contact your agent.

Agent Telephone **DARRELL WILLIAMS**
(281)496-3360



When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

02-23-2007 (01aa662a)

For Office Use Only



01y2105a



Texas Personal Auto Policy Declarations
State Farm Mutual Automobile Insurance Company

8900 Amberglen Boulevard
Austin TX 78729-1110

AT2 3502-11AA A

000541 0058

BRUNSTING, NELVA E, ESTATE OF
C/O ANITA BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

POLICY NUMBER: 073 1538-C07-53D



ST1-
0101-M10C58

Enclosed is your State Farm® Insurance identification card. Thank you for choosing State Farm for your insurance needs.



State Farm®

State Farm Mutual Automobile Insurance Company

8900 Amberglen Boulevard
Austin TX 78729-1110

AT1 20 11AA -3502 A

000020 0016
BRUNSTING, NELVA E, ESTATE OF
C/O ANITA BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049



ST1-0101-010508

CANCELLATION NOTICE

POLICY NUMBER 073 1538-C07-53D
CANCELLATION DATE MAY 27, 2012
NONPAYMENT OF PREMIUM

AMOUNT DUE
\$302.04

Year Make Model Class
2000 BUICK LESABRE 1711030100

We have not received the full amount required to keep this policy in force so in accordance with its cancellation provisions your policy identified in this notice is hereby canceled effective 12 :01 A.M. standard time MAY 27 2012 due to non-payment of the premium. No further notice will be sent to you.

It is possible that your payment arrived too late to stop the mailing of this notice.

If you have already submitted payment, you will receive an acknowledgement notice within the next few days.

We welcome the opportunity to provide your future insurance protection. Should you wish to reinstate this policy, please forward your payment immediately. Payment prior to the date and time of cancellation will reinstate your policy. If paid after that date and time, you will be informed whether your policy has been reinstated and if so, the exact date and time of reinstatement. There is no coverage between the date and time of cancellation and the date and time of reinstatement.

Agent Telephone DARRELL WILLIAMS (281)496-3360

85 9022 5019

Please keep this part for your record.
Notice Sent MAY 14 2012

IF YOU HAVE A NEW OR DIFFERENT CAR, HAVE ADDED ANY DRIVERS, OR HAVE MOVED, PLEASE CONTACT YOUR AGENT.



INSURED BRUNSTING, NELVA E, ESTATE OF

POLICY NUMBER 073 1538-C07-53D

PLEASE DISREGARD IF ALREADY PAID

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

CANCELLATION DATE AMOUNT DUE
MAY 27 2012 \$302.04

Please contact your State Farm agent to make any policy changes

2509206051
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001



For office use only

(01aa881a)

20 3502-109 MUTL VOL AUTO CANC \$302.04 0605

11AA 1-A
BAL DATE 05-06-12
PREM CANC 05-05-12
APP DATE 07-06-12
PREP DT 05-11-12

709214800030204 353100073153881125>

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

137-5378.15

(01a0332e) Rev. 07-24-2007

For Office Use Only



01y2105a

State Farm®
Providing Insurance and Financial Services

8900 Amberglen Boulevard
Austin TX 78729-1110



**ACKNOWLEDGEMENT OF
CANCELLATION REQUEST**

94341-1-5 Non PI

DATE MAY 30 2012

POLICY NUMBER 073 1538-C07-53D

AUTO

MULTICAR POLICY

EFFECTIVE DATE OF CANCELLATION

APR 05 2012 12:01 A.M. STANDARD TIME

AGENT DARRELL WILLIAMS

PREMIUM REFUND

*****71.04

00083 3502 1 1A5
BRUNSTING, NELVA E, ESTATE OF
C/O ANITA BRUNSTING
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

As requested, this policy has been canceled as of the effective date shown.
We thank you for having given us an opportunity to provide this insurance.

00083 124131 11-14-2010 (o1a017cd)