

BILLING PROGRAM

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NORTH STAR BILLING PROGRAM

INTRODUCTION

Our billing program provides customers flexibility by spreading premium payments over the policy term. Each bill gives the insured a choice of payment options. The insured has the option to pay the account in full at any time, make a three month payment, or pay the monthly minimum. Any amount over the minimum due may be paid. For example, an insured could pay two months premium by doubling the monthly minimum or six months premium by doubling the three month option.

REMITTANCE OPTIONS:

Mail Payment to P.O. Box 48 Cottonwood, Mn 56229

Automatic Payment (EFT) - Monthly payment is automatically withdrawn from a checking or savings account. (See page 6 for details)

On-line Payments - Payments may be made on-line via credit/debit card, ACH payments from checking/savings account or ATM Card. (See page 6 for details)

Agency Sweep - An insured may bring a payment to the agency (made payable to the agency). The agency can sweep a payment to North Star from their checking account via our web site.

IMPORTANT FEATURES OF OUR BILLING PROGRAM

1. Except for the initial downpayment required on new business, North Star will direct bill all other premiums.
2. The entire commission will be advanced to the agent in the effective month of the policy transaction.
3. A master bill date will be established for each account. This date will usually be 15 days before the effective date of the policy. Bills will be generated the same master bill date each month.
4. The mailing date for a bill is the next business day after the master bill date. The premium is due 15 days after the mailing date.
5. Bills for installments will be sent to the insured 15 days in advance with payment due on the paid through date. Bills for renewals will be sent to the insured 15 days in advance and due on the renewal's effective date.
6. Payers, other than mortgagees, will have three payment options listed on each bill. They are Balance Due, Option Due and Minimum Due. (The system will accept any amount over the minimum due.)
7. Amounts due may fluctuate from month to month because of policy renewals, other changes, or previous over or under payments.
8. Installment billings will only be sent when a payment is needed to keep the account current. If more than the minimum due is paid, future billings will be reduced or skipped until premium is needed to keep the account current.

NEW POLICIES - DOWN PAYMENT REQUIRED

All new applications should be submitted with a 2 month down payment. Refer to billing examples on pages NSDB - 4 (Homeowners) and NSDB - 5 (Auto).

When a 2 month down payment is made, we will skip one month before we begin billing. The down payment will be shown in the payments received field on the first installment billing.

Each policy will be given its own account number.

RENEWAL POLICIES - NO DOWN PAYMENT REQUIRED

Existing policies do not require any down payment. The renewals for 12 month policies are processed 32 days in advance of their renewal date and the 6 month auto policies are processed 23 days in advance of their renewal date. The bill will be produced 15 days ahead of the renewal date and sent separately to the insured. The minimum payment on the first bill will equal 1 month's premium. Refer to billing examples on pages NSDB - 4 (Homeowners) and NSDB - 5 (Auto).

ESCROWED POLICIES

Escrowed premiums will be direct billed to the first mortgagee. If the current premium is to be paid by the mortgagee, indicate on the application to direct bill the mortgagee and do not send a down payment.

Mortgagees are not offered payment options. The full term premium is billed to the mortgagee and due by the effective date of the policy.

Since most mortgagees do not escrow more than the renewal premium, all endorsements to these policies will be due in full and billed to the insured. Any return premiums are sent to the insured. If the mortgagee does not pay the full premium the balance will be billed to the insured and be their responsibility.

ENDORSEMENTS AND ADJUSTMENTS

Changes to a policy that result in additional or return premiums are charged to the insured's account after they are processed. The next billing notice will show these changes and any difference in premium.

Additional premium endorsements will be spread out over the remaining term of the policy. The balance due will reflect the full endorsement premium. The minimum due will include the charge necessary to bring the change current with the other policy transactions on the account.

Return premiums for Cancelled Homeowners and Auto policies will be sent to the insured. All other return premiums will be spread to future installments and may eliminate an installment billing. If the return premium is large enough to create a credit balance, a check for the balance will be issued to the insured shortly after the transaction is processed.

POLICY CANCELLATIONS

Failure to pay the minimum amount indicated on the monthly statement will result in cancellation of the policy. Since we do not require payment in advance, failure to pay the initial bill will initiate the cancellation process listed below.

The Cancellation cycle proceeds as follows if payment is not received:

6 Days after Due Date Final Premium/Cancellation Notice sent which will include the next installment.

All Policies except Auto

26 Days after Due Date - MN * Cancellation Date for the policy
20 Days after Due Date - SD * Cancellation Date for the policy
13 Days after Due Date - IA, ND & NE * Cancellation Date for the policy

Auto

16 Days after Due Date - MN * Cancellation Date for the policy
20 Days after Due Date - SD * Cancellation Date for the policy
13 Days after Due Date - IA, ND & NE * Cancellation Date for the policy

The cancellation cycle may vary slightly according to several factors including weekends, holidays and any endorsements.

* If payment is received in our office before the cancellation date, coverage continues in force and a notice of payment received will be sent.

Any payments received after the cancellation date will be applied to the policy if there is a balance due. Policies will not automatically be reinstated after the cancellation date. The appropriate underwriting department will be advised of the payment and will review the policy for possible reinstatement. If the policy is not reinstated, a refund check will be issued for any overpayment. Payments received on cancelled policies with no balance due will be sent to the appropriate underwriting department. They will review for possible reinstatement.

FEES AND SERVICE CHARGES

Except for the initial billing, all installment billings will be charged a \$5.00 billing fee. No billing fees are charged on policies enrolled under our Automatic Payment Plan (EFT) or Mortgagee billed policies.

If any check is returned to us for Non-Sufficient funds, the account will be charged a fee of \$20.00.

If a payment is not paid when due and a Final Premium/Cancellation notice is sent, a \$10.00 late fee will be added to the balance due.

BILLING EXAMPLE - NEW BUSINESS - 2 MONTHS DOWN PAYMENT

Homeowners Policy Effective 1-20-10 to 1-20-11 Annual Premium is \$600

2 Month Down Payment = \$100 Master Bill Date is the 5th

Monthly Minimum Option							Three Month Option							Remaining Balance Option							
Bill #	Bill Date	Due Date	Inst Amt	Min Due	Prem Paid	Prem Balance	Bill #	Bill Date	Due Date	Inst Amt	Option Due	Prem Paid	Prem Balance	Bill #	Bill Date	Due Date	Inst Amt	Bal Due	Prem Paid	Prem Balance	
Down Payment extends paid date to 3-20-XX							Down Payment extends paid date to 3-20-XX							Down Payment extends paid date to 3-20-XX							
1.	2-5	No Bill				500	1.	2-5	No Bill				500	1.	2-5	No Bill				500	
1.	3-5	3-20	1/12	50	50	450	1.	3-5	3-20	1/4	150	150	350	1.	3-5	3-20	3/4	500	500	0	
2.	4-5	4-20	1/12	50	50	400		4-5	No Bill												
3.	5-5	5-20	1/12	50	50	350		5-5	No Bill												
4.	6-5	6-20	1/12	50	50	300	2.	6-5	6-20	1/4	150	150	200	No more Bills will be sent until the policy renews or a change is made resulting in additional premium.							
5.	7-5	7-20	1/12	50	50	250		7-5	No Bill												
6.	8-5	8-20	1/12	50	50	200		8-5	No Bill												
7.	9-5	9-20	1/12	50	50	150	3.	9-5	9-20	1/4	150	150	50								
8.	10-5	10-20	1/12	50	50	100		10-5	No Bill												
9.	11-5	11-20	1/12	50	50	50		11-5	No Bill												
10.	12-5	12-20	1/12	50	50	0	4.	12-5	12-20	1/12	Min Due 50	50	50								
Renewal Processed 12-18-XX is \$612 (up \$12)							Renewal Processed 12-18-XX is \$612 (up \$12)							Renewal Processed 12-18-XX is \$612 (up \$12)							
11.	1-5	1-20	1/12	51	51	561	5.	1-5	1-20	1/4	153	153	459	2.	1-5	1-20	4/4	612	612	0	
12.	2-5	2-20	1/12	51	51	510		2-5	No Bill					No more Bills will be sent until the policy renews or a change is made resulting in additional premium.							
13.	3-5	3-20	1/12	51	51	459		3-5	No Bill												
14.	4-5	4-20	1/12	51	51	408	6.	4-5	4-20	1/4	153	153	306								

- NOTE: 1. Bill dates and Due dates will vary slightly with weekends and holidays. The Insured always has 15 days to pay from the date the statement is mailed.
2. Other payment amounts may be made. For example, 2 months premium can be paid by doubling the monthly option or 6 month premium can be paid by doubling the 3 month option.
3. Except for the initial bill of each term, all installments will include a \$5.00 billing fee.
4. Amounts due may fluctuate because of policy renewals, other policy changes or previous over or under payments.

BILLING EXAMPLE - NEW BUSINESS - 2 MONTHS DOWN PAYMENT

Auto Policy Effective 1-20-10 to 7-20-10 Semi-Annual Premium is \$600

2 Month Down Payment = \$200 Master Bill Date is the 5th

Monthly Minimum Option							Three Month Option							Remaining Balance Option						
Bill #	Bill Date	Due Date	Inst Amt	Min Due	Prem Paid	Prem Balance	Bill #	Bill Date	Due Date	Inst Amt	Option Due	Prem Paid	Prem Balance	Bill #	Bill Date	Due Date	Inst Amt	Bal Due	Prem Paid	Prem Balance
Down Payment extends paid date to 3-20-XX							Down Payment extends paid date to 3-20-XX							Down Payment extends paid date to 3-20-XX						
	2-5	No Bill				400		2-5	No Bill				400		2-5	No Bill				400
1.	3-5	3-20	1/6	100	100	300	1.	3-5	3-20	1/2	300	300	100	1.	3-5	3-20	1/2	400	400	0
2.	4-5	4-20	1/6	100	100	200		4-5	No Bill					No more Bills will be sent until the policy renews or a change is made resulting in additional premium.						
3.	5-5	5-20	1/6	100	100	100		5-5	No Bill											
4.	6-5	6-20	1/6	100	100	0	2.	6-5	6-20	1/2	Min Due 100	100	0	No more Bills will be sent until the policy renews or a change is made resulting in additional premium.						
Renewal Processed 6-27-XX is \$612 (up \$12)							Renewal Processed 6-27-XX is \$612 (up \$12)													
5.	7-5	7-20	1/6	102	102	510	3.	7-5	7-20	1/2	300	300	0	2.	7-5	7-20	4/4	612	612	0
6.	8-5	8-20	1/6	102	102	408		8-5	No Bill					No more Bills will be sent until the policy renews or a change is made resulting in additional premium.						
7.	9-5	9-20	1/6	102	102	306		9-5	No Bill											
8.	10-5	10-20	1/6	102	102	204	4.	10-5	10-20	1/2	300	300	0	No more Bills will be sent until the policy renews or a change is made resulting in additional premium.						
9.	11-5	11-20	1/6	102	102	102		11-5	No Bill											
10.	12-5	12-20	1/6	102	102	0		12-5	No Bill											

- NOTE: 1. Bill dates and Due dates will vary slightly with weekends and holidays. The Insured always has 15 days to pay from the date the statement is mailed.
2. Other payment amounts may be made. For example, 2 months premium can be paid by doubling the monthly option.
3. Except for the initial bill of each term, all installments will include a \$5.00 billing fee.
4. Amounts due may fluctuate because of policy renewals, other policy changes or previous over or under payments.

AUTOMATIC PAYMENT PLAN (EFT)

Our Automatic Payment Plan option provides insureds with the convenience of having premiums automatically withdrawn from their checking or savings account each month. The insured benefits by:

1. **Saving Time**
 - No more checks to write.
 - No more envelopes to stuff, stamp and mail.
2. **Saving Money**
 - No billing fees are charged.
 - No postage costs.
3. **Added Convenience**
 - No need to remember to mail a payment.
 - Payments are never late or lost in the mail.

HOW DOES THE AUTOMATIC PLAN WORK?

1. **Initial Setup** - Insureds must complete an authorization agreement to permit us to automatically withdraw monthly premium payments from their checking or savings account. The authorization includes some customer, bank and other information. In addition, a copy of a voided check or savings deposit slip is required. Copies of our authorization agreement and brochure explaining the program are available from our supply department or on the web site. The sign up form can be completed and submitted on-line with a new application (web app) or at nstarco.com (existing policy). If the authorization agreement is submitted electronically, the copy of the check or savings deposit slip are to be retained by the agency. If the authorization agreement is mailed to North Star, please attach them to the form. Once the authorization form is received, our Accounting Department will complete the setup process.
2. **Implementation** - After we receive the completed authorization, via the web or in the mail, our Accounting Department will complete the setup process and we will notify the insured in writing of the amount and timing of monthly withdrawals. (The withdrawal will occur on the policy effective date each month or the first business day after.) The insured should pay any bills that may be received in the interim. Premium payments are evenly spread throughout the policy period. If a change is made that affects the payment amount, we will notify the insured in writing 10 days before any new deductions are made. The insured's bank statement will confirm each payment.
3. **Policy Cancellations** - If we are unable to withdraw our monthly premium, due to non-sufficient funds, upon such notification, we will make one additional attempt to withdraw the funds. If this attempt is also unsuccessful, a Final Premium/Cancellation Notice will be mailed to the insured. If the minimum due is received in our office before the effective date of cancellation, (All Policies except Auto: 26 days in MN, 20 days in SD, 13 days in IA, ND and NE) (Auto: 16 days in MN, 20 days in SD, 13 days in IA, ND and NE) a confirmation notice will be sent and coverage will continue without interruption. However, the policyholder will be removed from our automatic payment plan and returned to our regular direct bill program. The insured may reapply for the automatic payment plan after 1 year. If payment is not received, the policy will be cancelled for non-payment.
4. **Miscellaneous Information**
 - a) Mortgagees are not eligible for the automatic payment plan.
 - b) The agreement may be terminated at any time, by notifying us in writing at least 20 days in advance of the premium deduction date.

ON-LINE OR PHONE PAYMENT OPTIONS

Insureds are able to pay their bill on-line by going to www.nstarco.com, clicking on 'Make A Payment' and providing the necessary information. **LOGIN** is the North Star customer **Account Number**. The **Pin** is the **5 digit zip code** of the mailing address.

Phone payments can be made by calling **1-866-694-1827**. The North Star customer **Account Number** and **Pin** (5 digit zip code of the mailing address) will be needed to complete the payment.

Credit/Debit Card payment options are:

Visa - Mastercard - Discover

Insureds are also able to pay on-line from their:

Checking Account - Saving Account - ATM Card

There is **no convenience fee** charged when using North Star's On-Line or Phone Payment Options. Other billing fees still apply.

CUSTOMER STATEMENT

The customer statement is clear and easy to read. Each billing statement will summarize the activity since the last statement date. It will list any payments received, any policy changes and the insureds payment options.

The following is an explanation of the sample customer statement on the facing page. It is an example of a home-owners policy renewal. No service charge applies to the initial bill.

The numbers below correspond to the numbers on the sample statement.

1. **Account Number** - This is the account number assigned to the insured's account. Any correspondence on the account should include this number.
2. **Statement Date** - This is the date that the statement was printed. The statement includes all premium transactions made during the billing period up to this date. Changes completed after this date will appear on the next statement.
3. **Date Due** - This is the date payment is due in the office. Checks should be made payable to North Star Mutual and sent to P.O. Box 48, Cottonwood, Minnesota 56229.
4. **Payer Name and Address** - This is the name and address of the Payer on the account. If it is other than the insured, the insured's name and any loan number will appear under your agency name shown above.
5. **Activity Since Last Statement** - This area shows the previous balance, any payments (amounts received and refunded are netted), any changes made, and any billing fees which will add up to the current balance due.
6. **Payments Received** - This shows all payments received since the last statement less any returns that apply.
7. **Changes** - The mid section of the bill will display any policy changes occurring after the last statement date but before the current statement date. The total of the policy changes displayed in this section will be equal to the amount shown for changes under the **Activity Since Last Statement** heading. This section will not display ongoing installments for policies where no changes have been made during this billing period.
8. **Billed Policy** - This area identifies the policy that is on the account for which payment is due.
9. **Messages** - This area is reserved for a variety of messages that will provide additional information about a particular statement.
10. **Return Stub** - It is very important for an insured to check the payment option they desire and return the stub with their payment.
11. **Payment Options** - There are three payment options listed:
 - a) **Balance Due** - Pays the account in full.
 - No more bills will be sent until the policy renews or a change is made in coverage resulting in additional premium.
 - No billing option fee will be charged.
 - b) **Option Due** - This is a three month payment. (A six month payment can be made by doubling this option.)
 - A \$5.00 billing option fee will be added to all payments except the first payment of each policy term.
 - This option will appear only when available based on the account balance.
 - c) **Minimum Due** - This is a one month payment. (A two month payment can be made by doubling this option.)
 - Bills are sent and due approximately the same day each month.
 - A \$5.00 billing option fee will be added to all payments except the first payment of each policy term.

CUSTOMER STATEMENT - Retain this portion for your records

①	ACCOUNT NUMBER: 0010002
②	STATEMENT DATE: 1/05/10
③	DATE DUE: 1/21/10



QUESTIONS OR POLICY/COVERAGE CHANGES CALL:

Your Agency Name / Phone #

④ **YOUR NAME**
ADDRESS LINE 1
ADDRESS LINE 2
CITY ST ZIP CODE

⑤ ACTIVITY SINCE LAST STATEMENT

Previous Balance	0.00
⑥ Payments Received - less returns	0.00
⑦ Changes - See Below	1,200.00
Billing Fees	0.00
⑩ BALANCE DUE	1,200.00
OPTION DUE	300.00
MINIMUM DUE	100.00

⑦ *CHANGES RECORDED SINCE YOUR LAST STATEMENT. CHANGES COMPLETED AFTER THIS STATEMENT DATE WILL APPEAR ON YOUR NEXT STATEMENT.*

	POLICY TYPE	POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	TRANSACTION TYPE	TRANSACTION PREMIUM
⑦	COM MULTI	CM12345	01/20/10	01/20/11	RENEWAL	1,200.00

⑧ **** **BILLED POLICY** ***** CM12345-COM MULTI

⑨ FUTURE INSTALLMENTS WILL INCLUDE A \$5.00 BILLING FEE IF LESS THAN THE BALANCE DUE IS PAID.

THANK YOU FOR INSURING WITH NORTH STAR!

Pay your bill online go to www.nstarco.com and click on 'Make a Payment' or by phone call **1-866-694-1827**

⑩ **CHANGE OF ADDRESS - INDICATE ON REVERSE SIDE**

office use only

A **M** **O**

①	ACCOUNT NUMBER: 0010002
②	STATEMENT DATE: 1/05/10
③	DATE DUE: 1/21/10

Check (X) payment option desired:

Insured: Insureds Name

Policy: CM12345-COM MULTI

- ⑩ **BALANCE DUE** **1,200.00**
- OPTION DUE** **300.00**
- MINIMUM DUE** **100.00**

Make Checks Payable to:

NORTH STAR MUTUAL
BOX 48
COTTONWOOD MN 56229-0048

(Bar Code Area)

To assure proper credit, please **RETURN THIS STUB** with payment.
DO NOT combine payment of this notice with any other North Star Mutual billing.

POLICY ACTIVITY SUMMARY

The policy activity summary is designed to efficiently summarize certain types of policy activity for your North Star Policyholders. This is an important record as it provides the current status of certain policies and allows the agency to act on some of these items if desired.

The list will be dated and will be provided to the agency on a daily basis if there is activity in any of the sections covered below. This is available on-line via North Star web site. (www.nstarco.com)

The following is an explanation of the Policy Activity Summary on the facing page. The numbers below correspond to the numbers on the sample.

1. Final Premium/Cancellation Notices (For Non-Payment)

This section will list all policies where a Final Premium/Cancellation notice has been mailed due to Non-Payment of Premium or Non-Sufficient Funds. It identifies the policy and insured, shows the effective date of cancellation, and shows the minimum due on the account. If the minimum due is received in our office before the cancellation date shown, coverage is continuous and we will notify you under the Notice of Payment Received Section. If payment is not received the policy will cancel and appear under the Cancellations/Nonrenewals Processed Section.

2. Cancellations/Nonrenewals Processed

This section will list all Cancellations or Nonrenewals processed for any reason including non-payment. It identifies the policy and insured, shows the effective date of cancellation and the reason for cancellation. It will also provide the unearned premium, if any, that will be credited toward your agency commission statement. North Star will send a refund to the insured if appropriate.

3. Reduction of Coverage Applied to the following Auto Policies

This section will list all policies that have had any coverage reduced. Reduction of coverage may involve the removal of OTC or Collision, increasing OTC and Collision deductibles, removal of towing, removal of rental coverage, or lowering of the BI or PD liability limits. This section will list the coverage that is being reduced as well as the losses that lead to the decision to reduce coverage.

4. Notice of Payment Received

This section will list all policies where a Notice of Payment Received has been mailed. This notice is printed when a late payment is received after a Final Premium/Cancellation notice has been mailed, but before the actual effective date of the cancellation. This notice rescinds the cancellation for nonpayment notice and coverage continues in force.

5. Receipt of Loss Notice

This section lists all policies where we have received a Loss Notice and mailed the appropriate information on the loss to the insured. It shows the policy and claim number, and the insured's name. It also lists the date of loss and the assigned adjuster's name, address, phone and fax number.

6. Claims Closed

This section provides information regarding when certain types of claims are closed. These include claims for which no payment will be made and claims that have been open for a long period of time and are being closed for lack of activity. This section identifies the policy and claim number, the insured's name, as well as an explanation as to why the claim has been closed.

7. Expiring Auto Discount

This section lists all auto policies that have a Defensive Driver or Good Student Discount expiring. It explains that an updated certificate is required at least 37 days prior to the auto renewal for the credits to continue.

8. New Policies Issued

9. Renewals Processed

Auto renewals processed 23 days before renewal date; all other lines processed 32 days before renewal date.

10. Endorsements Processed

11. Reinstatements Processed

12. EFT Accounts Created/Changed/Cancelled

13. Collection Notice

NORTH STAR MUTUAL
BOX 48
COTTONWOOD, MN 56229-0048

POLICY ACTIVITY SUMMARY

AS OF 05/01/10-05/31/10

YOUR AGENCY NAME
AGENCY ADDRESS

AGENCY CITY XX 88888-9999

AGENCY NO. 1000
PAGE 1 OF 1

① Final Premium/Cancellation Notice for Non-Payment mailed for the following policies:

<i>PROCESS</i>			<i>CANC</i>		
<i>DATE</i>	<i>POLICY#</i>	<i>TYPE</i>	<i>DATE</i>	<i>INSUREDS NAME</i>	<i>REASON</i>
05/01/XX	43296	PERS AUTO	05/14/XX	MARK & KATHY SIMMONS	NONPAY - MIN DUE ON ACCT #0011223 - 100.00
05/01/XX	CM2360	COM MULTI	05/25/XX	DAVID SMITH	NONPAY - MIN DUE ON ACCT #0033445 - 251.83
05/01/XX	H216976	HOMEOWNERS	05/25/XX	JUNE KAINE	NONPAY - MIN DUE ON ACCT #0055667 - 117.15

② Cancellation (C) / Nonrenewals (N) Processed:

<i>PROCESS</i>			<i>CANC</i>				<i>UNEARNED</i>
<i>DATE</i>	<i>POLICY#</i>	<i>TYPE</i>	<i>DATE</i>	<i>INSUREDS NAME</i>	<i>C/N</i>	<i>REASON</i>	<i>PREMIUM *</i>
05/04/XX	33616	PERS AUTO	05/03/XX	JOHN & JANE DOE	C	NONPAYMENT OF PREMIUM	248.00
05/08/XX	H186249	HOMEOWNERS	06/05/XX	WESLEY PERSON	C	SOLD	597.00

* Unearned Premium and Commission will be subtracted from your Agency Commission Statement.

North Star will mail the appropriate refund, if any.

③ Reduction of Coverage Applied to the following auto policies:

<i>PROCESS</i>			<i>EFF</i>		
<i>DATE</i>	<i>POLICY#</i>	<i>TYPE</i>	<i>DATE</i>	<i>INSUREDS NAME</i>	
05/07/XX	04-000035474	PERS AUTO	07/14/XX	JOHN & JANE DOE	
INCREASE COMPREHENSIVE DEDUCTIBLE ON ALL VEHICLES TO \$200					
DUE TO LOSSES: 9-17-08 - COMP-ANIMAL, 3-14-05 - COMP GLASS, 9-19-05 - COMP-ANIMAL, 10-19-05 - COMP ANIMAL					

④ Notice of Payment Received mailed for the following policies:

<i>PROCESS</i>					
<i>DATE</i>	<i>POLICY#</i>	<i>TYPE</i>	<i>INSUREDS NAME</i>	<i>EXPLANATION</i>	
05/08/XX	43937	PERS AUTO	MARK & KATHY SIMMONS	COVERAGE CONTINUES IN FORCE	
05/11/XX	CM2360	COM MULTI	DAVID SMITH	COVERAGE CONTINUES IN FORCE	

⑤ Receipt of Loss Notice mailed for the following policies:

<i>PROCESS</i>			<i>DATE OF</i>		
<i>DATE</i>	<i>POLICY#</i>	<i>CLAIM #</i>	<i>LOSS</i>	<i>INSUREDS NAME</i>	<i>ADJUSTER NAME AND INFORMATION**</i>
05/01/XX	H123456	5463-07	04/29/XX	JOHN & CAROL JACOBSON	VIKING ADJUSTING
** BOX 99 SAUK CENTRE MN 56378 — PHONE#: (800)555-1212					
05/01-XX	H68284	5649-07	04/29/XX	TOM MEYER	YOUR NS FIELDMAN
** BOX 99 NEW YORK MILLS MN — PHONE#: (218)123-5555					

⑥ Claims Closed:

<i>PROCESS</i>			<i>DATE OF</i>		
<i>DATE</i>	<i>POLICY#</i>	<i>CLAIM #</i>	<i>LOSS</i>	<i>INSUREDS NAME</i>	<i>EXPLANATION</i>
05/01/XX	32719	50137	04/22/XX	JOHN & SUE BROWN	COL - CLOSED
05/01-XX	H16635	287-07	02/02/XX	TOM DOE	GL - CLOSED

⑦ Auto Policy Discounts Expiring - Please send updated certificate at least 37 days prior to renewal:

<i>PROCESS</i>		<i>EXP.</i>		<i>TYPE OF</i>	<i>CREDIT</i>
<i>DATE</i>	<i>POLICY#</i>	<i>DATE</i>	<i>INSUREDS NAME</i>	<i>DISCOUNT</i>	<i>APPLIED TO</i>
05/02/XX	1234	06/01/XX	LAWRENCE & BEA SIMON	GOOD STUDENT	EMILY J

8 New Policy Issued:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>INSUREDS NAME</i>
05/18/XX	117524	KEVIN HOHN

9 Renewals Processed:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>INSUREDS NAME</i>
05/18/XX	D60749	DOUGLAS & DIANE LORD

10 Endorsements Processed:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>INSUREDS NAME</i>
05/18/XX	H282740	PAUL LAMONT

11 Reinstatements Processed:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>INSUREDS NAME</i>
05/18/XX	H282740	RANDY JOHNSON
05/18/XX	115871	SHAWNA FULL

12 EFT Accounts Created/Changed/Canceled:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>INSUREDS NAME</i>	<i>REASON</i>
05/18/XX	139656	MICHAEL FAITH	Banking Routing/Account# Changed
05/18/XX	MH56432	MATT TUCHSCHERER	Policy Removed from Automatic Payment Plan (EFT) - Per Request
05/18/XX	134578	JOE HARSCHÉ	Policy Set up on Automatic Payment Plan (EFT)

13 Collection Notice mailed for the following policies:**PROCESS**

<i>DATE</i>	<i>POLICY#</i>	<i>TYPE</i>	<i>INSUREDS NAME</i>	<i>CANCEL REASON</i>	<i>AMOUNT DUE</i>	<i>DATE DUE</i>
05/18/XX	282740	PERS AUTO	NATHAN SHIPMAN	INSURED REQUEST	261.50	07/20/XX
05/19/XX	F 135976	FARMOWNERS	KYLE AND JANE DUDE	REWRITTEN AT INSURED REQUEST	45.00	10/05/XX
06/12/XX	H563456	HOMEOWNERS	ALAN WRIGHT	NONPAYMENT OF PREMIUM	205.34	12/05/XX

* A **Collection Notice** bill for the balance due on a cancelled policy. It is the second notice mailed since the policy cancellation. The **Collection Notice** indicates that failure to pay the Amount Due by the Date Due **will result in your account being referred to a collection agency.**