Thank you for choosing EMC Insurance Companies for your personal insurance.

Please pay the minimum amount due by the due date to make sure coverage is available should you need it.

Refer to the back for more billing information.

Enhancements to Your Billing Invoice
In response to customer feedback, the following changes have been made to your billing invoice:
- Information has been reformat ted
- Payment options have been updated
- Homeowners and dwelling locations are now listed

YOUR PAYMENT OPTIONS

Electronic Funds Transfer (EFT)
- Recurring automatic bank account withdrawals
- No monthly installment fee

Mail (do not send cash)
- Check
- Money order
- Cashier’s check

Online at www.emcins.com
- eCheck: Single bank account withdrawal
- Credit/Debit Card: Single payment

Phone: 855-404-9076 (automated service only)
- eCheck
- Credit/Debit Card

Allow at least 7 days for your payment to reach our office. Include the bottom portion of this invoice with your payment.

PERSONAL ACCOUNT

Minimum Due: $57.92
Payment is due by JUNE 1, 2015

Account: 00X0000
Invoice: C-51320002
Date: 05/12/15

Your Agent:
ABC INSURANCE AGENCY
555-555-5555

Contact your agent for policy changes, answers to coverage questions or to report a claim. You can also report a claim by calling 888-362-2255, available 24/7.

Register for Policyholder Access on www.emcins.com to manage your billing. Sign up for paperless billing notices, schedule future payments and request billing reminders.

YOUR PAYMENT OPTIONS

Electronic Funds Transfer (EFT)
- Recurring automatic bank account withdrawals
- No monthly installment fee

Mail (do not send cash)
- Check
- Money order
- Cashier’s check

Online at www.emcins.com
- eCheck: Single bank account withdrawal
- Credit/Debit Card: Single payment

Phone: 855-404-9076 (automated service only)
- eCheck
- Credit/Debit Card

Short on time? Pay online at www.emcins.com or call 855-404-9076.

PERSONAL ACCOUNT

Account: 00X0000
Invoice: C-51320002
Date: 05/12/15

Account Balance: $323.34
Minimum Due: $57.92
Date Due: 06/01/15

Amount Enclosed: 

[ ] Check here and complete form on back for address change.
IMPORTANT BILLING INFORMATION

FEES
Whenever payments are made in installments, a transaction fee is charged. To avoid this fee, sign up for Electronic Funds Transfer (EFT), which will automatically withdraw the monthly premium from your bank account each time a payment is due.

RETURNED PAYMENT
If payment is returned to us by your bank, we may add a returned payment fee of $25.00 to your account. (Fee amount may vary based on state law.)

LATE FEE
If your payment is received after the due date, you may be subject to a late fee. (Fee amount may vary based on state law.)

PAYMENT TERMS
Do not deduct from the amount due for policy changes that are pending. Premium adjustments for the current term will be spread evenly over the remaining billing periods left in the policy. Prior term endorsement and/or adjustments will be billed/credited in full.

Your account balance is the total amount owed as of the invoice issue date shown. Any changes to your account that are not on this invoice will be reflected on future statements.

By payment of the premium due, the Named Insured accepts these billing provisions:
- Your payment will be applied to the premium due for the entire account. Alternate payment instructions will not be honored.
- Return premium for a policy change or cancellation of one or more policies in the account will be applied to the unpaid balance of the account. If there is no balance due on your account, a check will be issued for the amount of the credit balance.
- If the minimum due is not paid by the due date, all policies in the account will be subject to cancellation or expiration.
- Payment processing is an administrative function; therefore, if your payment is received after the date of cancellation, we reserve the right to process your check and return any unearned premium without obligation to reinstate your policies.
- When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

CHANGE OF ADDRESS
Please complete this form and mark the Change of Address box on the front.

Name: ____________________________________________
Address: ____________________________________________
__________________________________________________
City: ______________________________________________
State: ___________ Zip Code: ___________ — ___________
Phone: _____________________
### Account Summary

<table>
<thead>
<tr>
<th>Starting Account Balance</th>
<th>Payments Received</th>
<th>New Activity</th>
<th>Fees and Adjustments</th>
<th>Current Balance</th>
<th>Minimum Due 06/01/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>$418.34</td>
<td>$100.00</td>
<td>$0.00</td>
<td>$5.00</td>
<td>$323.34</td>
<td>$57.92</td>
</tr>
</tbody>
</table>

### Activity Summary

<table>
<thead>
<tr>
<th>Policy</th>
<th>Transaction Date</th>
<th>Transaction Type</th>
<th>New Activity</th>
<th>Current Balance</th>
<th>Minimum Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dwelling</td>
<td>00D0000 - 16</td>
<td>Cancellation</td>
<td>$-409.00</td>
<td>$303.34</td>
<td>$37.92</td>
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<tr>
<td></td>
<td>00D0000 - 16</td>
<td>Reinstatement</td>
<td>$409.00</td>
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<td>$37.92</td>
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</tr>
<tr>
<td>Account</td>
<td>05/12/15</td>
<td>Balance Forward</td>
<td>$15.00</td>
<td></td>
<td>$15.00</td>
</tr>
<tr>
<td></td>
<td>05/12/15</td>
<td>Transaction Fee</td>
<td>$5.00</td>
<td>$5.00</td>
<td>$5.00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pay in Full/Minimum Due</td>
<td>$323.34</td>
<td>$57.92</td>
<td></td>
</tr>
</tbody>
</table>

Any change made to your account after the issue date of this invoice will be reflected on the next invoice. You will not receive an invoice if the minimum due is less than $5.00.