

Please return this portion with your payment. Your cancelled check is your receipt. THANK YOU

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MAKE CHECK OR MONEY ORDER PAYABLE TO

MID-CENTURY INSURANCE COMPANY OF TEXAS

POLICY NUMBER 35 03961 52 84	TOTAL 259.50	BALANCE OR CREDIT FROM PRIOR INVOICE	A - INSTALLMENT N/A	B - AMOUNT DUE NONE
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Please write policy number on your check.

If you do not wish to pay the full amount due now, there is a payment plan available. Your premium is divided into N/A payments. There is a service charge for each payment. The first payment including the service charge, plus a previous balance or credit, if any, is shown in Box A. You will be billed for the balance in

RENEWAL DATE **SEP 04, 00**

AGENT 35 10 373

7566350396152840259500136509

JOHN DENISON
RR 1 BOX 84
OLD GLORY TX 79540-9726

FARMERS INS GRP OF COS
PO BOX 149182
AUSTIN TX 78714-9182
|||||

PREMIUM WILL BE BILLED THROUGH THE MONTHLY PAY PLAN.
IMPORTANT-RENEWAL CERTIFICATE ONLY. DO NOT PAY THIS NOTICE.

PREMIUM NOTICE AUTO

Name and Address of Insured JOHN DENISON SONIA DENISON XXXXXXXXXX XXXXXXXXXX RR 1 BOX 84 OLD GLORY TX 79540-9726	Agent STEVEN EVANS PH 915-576-3362	Policy Number 03961 52 84	Effective Date SEP 04, 00	Expiration Date MAR 04, 01
Insurance Company MID-CENTURY INSURANCE COMPANY OF TEXAS 1-800-225-0011	Vehicle Make CADILLAC XXXXXXXXX XXXXXXXXX	Model FLEETWOOD XXXXXXXXX	Identification Number 1G6CB5153K4306350 XXXXXXXXX	Year 89 XX XX

This policy provides at least the minimum amounts of liability insurance required by the Texas Motor Vehicle Safety Responsibility Act for the specified vehicle and named insured's and may provide coverage for other persons and other vehicles as provided by the insurance policy.

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