

# Statement of Account

Statement Date: 05/31/2021 Reinsurance Year: 2021 Page 1 of 1

Insured Information	Agency Information	Account Summary
Customer ID: Name:	Name: Address: Phone:	Premium & Fees: Payments: Loss Credits: Interest & Other:
Important Information		Current Amount Due

## 2020 MPCJ Billing Statement

REMIT TO: 25532 Network Place, Chicago, IL 60673-1255 (866) 669-3429

Statement Date 12/18/2020  
 Invoice Number

Policy	Coverage	Billing Date	Due Date	Term Date	Premium Fees	Interest	Other Payments
<b>Totals:</b>							

\*\*Interest at a rate of 1.25% monthly accrues on all balances not paid within 30 days of the bill date. Interest will continue to accrue on any unpaid balance regardless of the status of any pending or future claim.

\*This amount may increase by 1.15 percent of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the amount of premium the producer must pay will not change.

Total Unsubsidized Premium at Loss Ratio Exceeds 1.20: \*  
 Total FCIC Risk Subsidy  
 Total Premium and Fees

\*A full transaction history can be viewed online in your Policy Holder Access (PHA) Account.

State/County	Policy	Crop/Plan	Premium	Fee	Interest	Credits	Amount Due	Bill Date
<b>GRAND TOTAL:</b>								
Bill Date Sub Totals								

**CLAIM CREDIT**  
**PAYMENT CREDIT**  
**BOTH CLAIM CREDIT & PAYMENT CREDIT**

NOTE: The A & O Subsidy amount may increase by 1.15 % of net book premium (except for group plans of insurance) if the loss ratio in the States exceeds 1.20. All efforts have been made to assure that the producer premium is correct. Circumstances may arise, which could subject the amount of producer premium to change.

TOTAL PREMIUM:

SUBSIDY PROVIDED BY FCIC: Risk: A&O

In lieu of Section 24(a) of the Basic Provisions, interest will begin to attach on unpaid premium on the first of the month following the first bill date provided that a minimum of 30 days have passed from the first billing date. Interest will accrue on the balances at the rate of 1.25% per month (15% APR). Please contact your agent if you have any questions regarding this statement or claims filed with the company.

**DETACH HERE AND RETURN PORTION BELOW WITH PAYMENT**  
 Make checks payable to: AgriSampo North America OR pay online at pha.armt

05/31/2021  
 Reinsurance Year: 2021  
 Customer ID:  
 Insured/Entity Name  
 Agency (Agency #)

AgriSampo North America  
 P.O. Box 80  
 Wolfforth, TX 75388-0080

Insured Name  
 Address  
 City, State Zip

Invoice Number:  
 Statement Date: 12/18/2020  
 Customer ID:  
 Agency:  
 Crop Year: 2020  
 Policies:

Page 1 of 1  
DETACH HERE AND RETURN PORTION BELOW WITH PAYMENT  
 Amount Due MUST be post marked by Due Date to avoid any interest charges

**AMOUNT PAID**

**AMOUNT DUE BY: 1/16/2021**  
**TOTAL AMOUNT DUE:**

Please make check payable to

**Diversified Crop Insurance Services**  
 25532 Network Place  
 Chicago, IL 60673-1255

**MPCJ Billing Statement**

Page: 1 of 2  
 Please Pay By: 5/31/2021  
 Statement Date: 5/3/2021

Agent Name:  
 Agent Phone:

Premium	Subsidy Amount	Producer's Premium	Admin Fee	Interest	Payments / Credits	Balance Due
<b>Total Balance Due</b>						

5/3/2021

and fees at the rate of 1.25% (15% APR) that remains unpaid for 30 days past the Bill Date shown on this statement. Interest will accrue on the unpaid balance at the rate of 1.15% of net book premium (except for group plans of insurance) if the loss ratio in the State exceeds 1.20. However, the first pay will not change. FCIC has paid an Administrative and Operating expense subsidy on your behalf in the amount of \$9650.

Please contact your agent if you have any questions.  
[www.diversifiedcropinsuranceservices.com](http://www.diversifiedcropinsuranceservices.com) under "payments" at the top of the page.

DETACH HERE AND RETURN WITH PAYMENT. PLEASE INCLUDE KEY ID ON YOUR CHECK FOR PROPER CREDIT.

Key ID:   
 Total Balance Due:   
 Please pay by: 5/31/2021  
 Total Amount Remitted:

**Diversified Crop Insurance Services**  
 Dept # 880315  
 P.O. Box 9650  
 Phoenix, AZ 85038-9650

Please make check payable to:  
**Diversified Crop Insurance Services**  
 Thank you! We appreciate your business!

Print Date: 5/3/2021 / Batch Number:

Your Remittance Address will be listed at the bottom of your billing statement. It may be located on the left or right side of the statement, depending on your statement type.

Your Remittance Address will be listed as either Phoenix, Arizona; Chicago, Illinois; or Wolfforth, Texas.