

SwingleCollins  
& Associates

**IPFS CORPORATION**  
(IPFS)  
2900 N LOOP WEST  
SUITE 1150  
HOUSTON, TX 77092  
PHONE: (877)687-9824 - FAX: (832)308-7925

**NOTICE OF INTENT TO CANCEL**

| DATE OF NOTICE | ACCOUNT NUMBER    | PAYMENT NO. |
|----------------|-------------------|-------------|
| 11/13/23       | <b>TXH-D88643</b> | 1           |

IF ANY QUESTIONS, PLEASE CALL: (877)687-9824

| AMOUNT OF<br>CURRENT PAYMENT | LATE CHARGE | PREVIOUS FEES<br>NOT PAID | OTHER AMOUNTS | PLEASE PAY THIS<br>AMOUNT |
|------------------------------|-------------|---------------------------|---------------|---------------------------|
| \$19,109.04                  | \$955.45    | \$0.00                    | \$0.00        | \$20,064.49               |



1-0.3200 00000D9RPB6AY 1/8 BIN:0 0-736

**AGENT**

SWINGLE COLLINS & ASSOCIATES  
13760 NOEL RD STE 600  
DALLAS, TX 75240-1381

**INSURED**

NOEL MANAGEMENT COMPANY, INC  
1605 LYNDON B JOHNSON FWY STE  
250  
DALLAS, TX 75234-6802

Your payment is now due. If IPFS does not receive the amount due on or before 11/26/23, 5:00 PM Central Time your financed insurance policies will be cancelled. (KINDLY DISREGARD THIS NOTICE IF YOU HAVE ALREADY MAILED YOUR PAYMENT) MAKE YOUR PAYMENT NOW TO KEEP YOUR INSURANCE IN FORCE. THIS IS THE ONLY NOTICE YOU WILL RECEIVE BEFORE CANCELLATION IS MADE.

**PLEASE MAKE ALL PAYMENTS TO ONE OF THE ADDRESSES NOTED BELOW.**

To ensure proper credit, please send the coupon below with your payment and write your account number on your check.

**NY, SC, FL & MD INSUREDS: SEE LAST PAGE**

DETACH HERE

Written notations on this coupon will NOT be received.  
To ensure proper credit, include coupon with payment.

**INSURED**

NOEL MANAGEMENT COMPANY, INC  
1605 LYNDON B JOHNSON FWY STE  
250  
DALLAS, TX 75234-6802

**For any overnight or priority delivery, please mail to:**  
IPFS CORPORATION  
1055 BROADWAY  
11TH FLOOR  
KANSAS CITY, MO 64105  
For questions, please call (800)247-6129

MAKE CHECK PAYABLE AND REMIT TO:  
**IPFS CORPORATION**  
**P.O. BOX 412086**  
**KANSAS CITY, MO 64141-2086**

INTENT (07/16) Copyright 2016 IPFS Corporation

**PAYMENT COUPON**

| PAYMENT NO. | ACCOUNT NUMBER    | DUE DATE |
|-------------|-------------------|----------|
| 1           | <b>TXH-D88643</b> | 11/01/23 |

|                   |             |
|-------------------|-------------|
| PAYMENT DUE       | \$19,109.04 |
| LATE FEE          | \$955.45    |
| OTHER FEES DUE    | \$0.00      |
| OTHER AMOUNTS DUE | \$0.00      |

IF RECEIVED AFTER 11/11/23  
5:00 PM CENTRAL TIME  
PLEASE PAY THIS AMOUNT

\$20,064.49

TXHD886435 00020064495

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& Associates

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(IPFS)  
2900 N LOOP WEST  
SUITE 1150  
HOUSTON, TX 77092  
PHONE: (877)687-9824 - FAX: (832)308-7925

| NOTICE OF INTENT TO CANCEL                            |                   |
|---|-------------------|
| REFER TO THIS<br>ACCOUNT NO. IN ALL<br>CORRESPONDENCE | ACCOUNT NUMBER    |
|   | <b>TXH-D88643</b> |

**SCHEDULE A**

**AGENT**  
SWINGLE COLLINS & ASSOCIATES  
13760 NOEL RD STE 600  
DALLAS, TX 75240-1381

**INSURED**  
NOEL MANAGEMENT COMPANY, INC  
1605 LYNDON B JOHNSON FWY STE  
250  
DALLAS, TX 75234-6802

**SCHEDULE OF POLICIES**

| POLICY PREFIX<br>AND NUMBER | EFFECTIVE<br>DATE | FULL NAME OF INSURER AND GENERAL AGENT OTHER<br>THAN SUBMITTING PRODUCER TO WHOM COPY OF THIS<br>NOTICE WAS SENT | COVERAGE                     | POLICY<br>TERM IN MONTHS<br>COVERED BY<br>PREM. | PREMIUM<br>FINANCED        |
|-----------------------------|-------------------|--|------------------------------|---|----------------------------|
|                             |                   |  | FIRE, AUTO<br>MAR, I.M., CAS |   |                            |
| PENDING                     | 10/01/23          | HOMELAND INS CO OF NEW YORK<br>RT SPECIALTY  | PRPRTY                       | 12  | \$49,970.00                |
| PENDING                     | 10/01/23          | ARCH SPECIALTY INSURANCE CO<br>RT SPECIALTY  | PRPRTY                       | 12  | \$45,000.00                |
| PROPSUM300142623            | 10/01/23          | THIRD COAST INSURANCE COMPANY<br>RT SPECIALTY  | PRPRTY                       | 12  | \$146,680.09               |
|                             |                   |  | FEES<br>TAXES                |   | \$12,560.41<br>\$14,918.01 |

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