INS

<Insert Legal Entity>

For coding purposes:

Print 1-800-365-0175 for Non-SPOC LS 840 letters;

Print 1-866-824-0824 for BK letters.

P.O. Box 1274

Brandon, FL 33509

<Insert Business Date>

<Insert Mortgagor Name>

<Insert Co-Mortgagor Name>

<Insert Mailing Address Line 1>

<Insert Mailing Address Line 2>

<Insert Mailing Address City>, <Insert Mailing Address State> <Insert Mailing Address Zip Code>

Re: <Insert Property Address Line 1>

<Insert Property Address Line 2>

<Insert Property Address City>, <Insert Property Address State> <Insert Property Address Zip Code>

Account #: <Insert Account Number>

Subject: **NOTICE OF OPTIONAL INSURANCE PREMIUM ADJUSTMENT**

Dear Value Customer:

Please review closely. This notice informs you of an increase to your elected optional insurance premium(s) due to a change in your optional credit insurance premium rate charged by the insurance carrier.

SINGLE LIFE RATE INCREASED TO: $<Insert MOB Life Premium> per $1,000 of Current Outstanding Balance

JOINT LIFE RATE INCREASED TO: $<Insert MOB Life Premium> per $1,000 of Current Outstanding Balance

SINGLE DISABILITY RATE INCREASED TO: $<Insert CE MOB Disability Premium> per $1000 of Monthly Benefit

SINGLE DISABILITY RATE INCREASED TO: $<Insert RL MOB Disability Premium> per $1000 of Current Outstanding Balance

JOINT DISABILITY RATE INCREASED TO: $<Insert CE MOB Disability Premium> per $1000 of Monthly Benefit

JOINT DISABILITY RATE INCREASED TO: $<Insert RL MOB Disability Premium> per $1000 of Current Outstanding Balance

SINGLE INVOLUNTARY UNEMPLOYMENT RATE INCREASED TO:$<Insert RL MOB IUI Premium> per $1000 of Current Outstanding Balance

RELI RATE INCREASED TO: $<Insert RL MOB RELI Premium> per $1000 of Current Outstanding Balance

(For Coding Purposes - The above items are conditional print based on the type of insurance on the loan)

Please check your certificate or contact us at the number below for coverage questions, and review your billing statement for monthly payment information.

If you have questions, please contact us at 1-800-365-0175. Our hours of operation are Monday through Friday 8 am - 8 pm ET.

(For Coding Purposes - Print for all LS 840 letters)

If you have questions, please contact us at 1-866-824-0824. Our hours of operation are Monday through Thursday 8 am - 7 pm ET and Friday 8 am - 4 pm ET. (For Coding Purposes - Print for all BK letters)

Sincerely,

<Insert Department Name>

For all Written Inquiries and Error Resolution requests, please mail to the following:

Attn: Research

P.O. Box 1231

Brandon, FL 33509-1231

For Payoff Requests, please mail to the following:

Attn: Payoffs

P.O. Box 897

Brandon, FL 33509

**TO THE EXTENT YOUR ORIGINAL OBLIGATION WAS DISCHARGED, OR IS SUBJECT TO AN AUTOMATIC STAY PURSUANT TO BANKRUPTCY CODE THIS STATEMENT IS FOR COMPLIANCE AND/OR INFORMATIONAL PURPOSES ONLY AND DOES NOT CONSTITUTE AN ATTEMPT TO COLLECT A DEBT OR TO IMPOSE PERSONAL LIABILITY FOR SUCH OBLIGATION. HOWEVER, THE LENDER RETAINS RIGHTS UNDER ITS SECURITY INSTRUMENT INCLUDING THE RIGHT TO LIFT THE AUTOMATIC STAY AND/OR FORECLOSE ITS LIEN.**

Esta carta contiene información importante acerca de su cuenta y podría requerir su atención. Si tiene preguntas y desea hablar en español con un representante, comuníquese con nosotros durante el horario de atención habitual al <Insert Phone Number> y presione 2.

QC Performance:

State: 11 NYCRR 185.13, 11 NYCRR 187.12

The actual rate change within the letter.