



Affirmative Insurance Company
 6640 South Cicero Ave.
 Bedford Park, IL 60638

Billing Notice/Cancellation Ale

Date Notice Processed 09/22/2003

Policy Holder YULING ZHAN
Policy Number ILB61727176
Policy Period 06/01/2003 - 12/01/2003 12:01 AM

Cancel Date 10/03/2003 12:01 AM Local Time

Agency INSURE ONE/WILLIAM SMITH
 6640 SOUTH CICERO AVENUE
 BEDFORD PARK IL 60638
 708-233-7000

Current Amount Due* 229.00
Due Date 10/02/2003
Amount Due if Paid After Due Date** 238.00
Pay in Full*** 229.00
Cancel Date 10/03/2003 12:01 AM

**For Questions About Your Bill,
 Call 1-847-692-1245**

This notice from Affirmative Insurance Company serves as a Premium Billing Notice and if payment is not received, a Notice of Cancellation. Please see the payment options above and make your payment of at least \$229.00 by the due date of 10/02/2003; failure to pay by the due date will result in a late fee. If we do not receive at least the Current Amount Due before 12:01 a.m. on 10/03/2003, your insurance policy will be cancelled for non payment of premium. If Payment is received before this date your policy will continue without interruption.

If payment is received on or after the cancel date listed above, then your policy will reinstate with a lapse in coverage and a reinstatement notice will be forthcoming.

Please be advised that this statement reflects transactions processed through 09/22/2003.

Billing Summary

| Previous Balance | (-) Last Payment | Policy Adjustment | (=) Policy Balance | Current Amount Due* |
|------------------|------------------|-------------------|--------------------|---------------------|
| 95.00 | 0.00 | 134.00 | 229.00 | 229.00 |

See Reverse Side for explanations and frequently asked questions regarding your billing statement.

* Your payment plan consists of a \$9.00 installment charge per month.

**A \$9.00 late fee will be assessed if payment is not received by the due date. You may be subject to a reinstatement fee if payment is received on or after the cancel date.

***Avoid future installment charges - "Pay in Full" by the due date indicated in the box at the top of the bill.

Please allow at least 5 days for the Post Office to deliver your payment.

Detach bottom portion and return with payment in enclosed envelope. Please indicate policy number on the check.

Exhibit J.