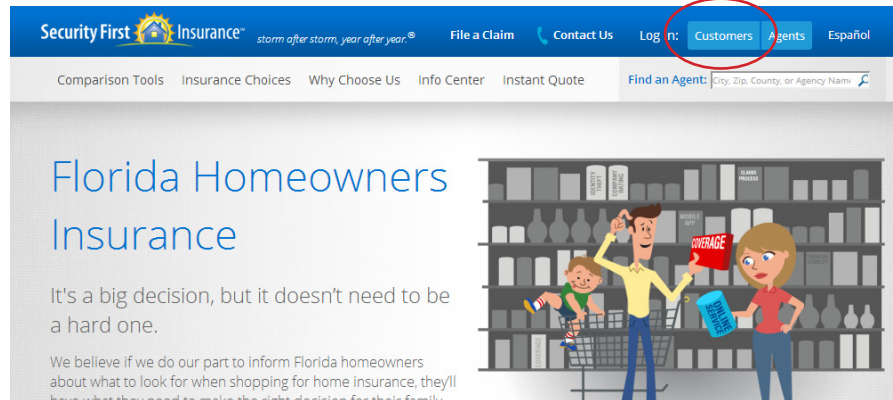
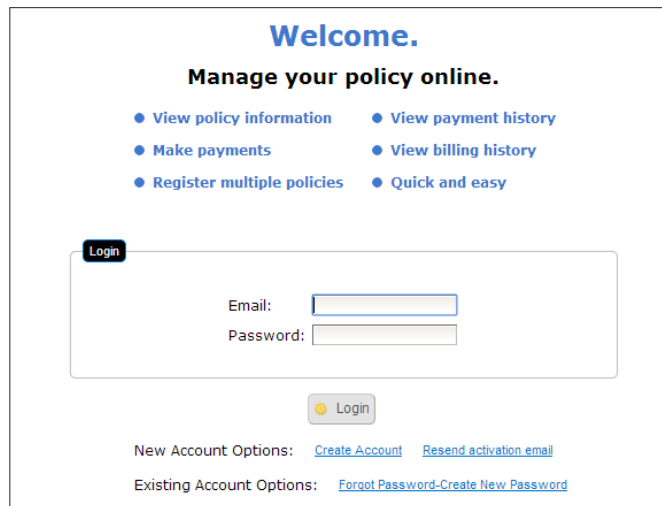


Thank you for choosing Security First Insurance. If you would like to enroll in our monthly payment program, please follow the instructions below:

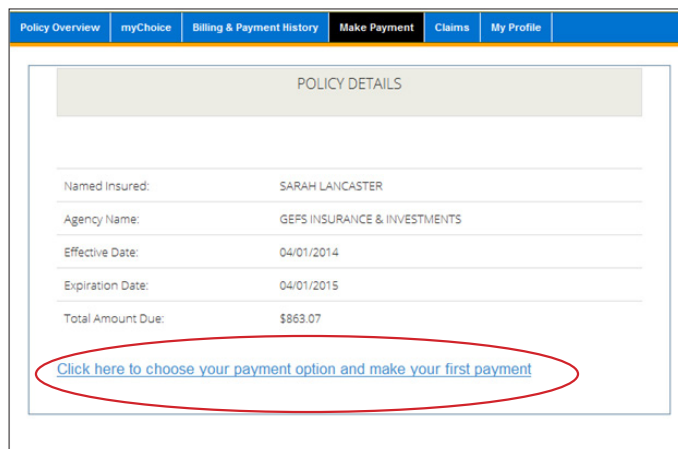
**Step 1: Visit
SecurityFirstFlorida.com
and click the
"Customers" button**



**Step 2: Login to the
policyholder service
center**



**Step 3: Select the
"Make a Payment"
menu item and click
the hyperlink at the
bottom of the screen.**



Step 4: Select a payment plan from the drop-down list.



Policy Overview | myChoice | Billing & Payment History | **Make Payment** | Claims | My Profile

PAYMENT OPTIONS

Total Premium Due: **\$863.07**

Down payment due for available payment plans:

Plan	Down Payment Amount	# of Payments Remaining After Down Payment	Amount of Each Remaining Payment*
Full Pay	\$863.07	0	\$0.00
2-Pay	\$531.00	1	\$348.07
4-Pay	\$358.00	3	\$176.00
30 Day Recurring	\$144.10	10	\$72.90

If 30 Day Recurring is chosen your payment will be automatically charged to your credit card every 30 days in accordance with your effective date.

Select how many payments you would like to have below.

*This amount includes payment plan instalment fees.

Step 5: Enter Billing Information



Policy Overview | myChoice | Billing & Payment History | **Make Payment** | Claims | My Profile

ENTER PAYMENT DETAILS

Billing Address

First Name

Last Name

Address

City

State/Province

Zip/Postal Code

Be sure billing name and address match the name and address for this credit card.

If 30 Day Recurring is chosen your payment will be automatically charged to your credit card every 30 days in accordance with your effective date.

Credit Card Information

Payment Method

Name on Card

Card Number

Enter number without spaces or dashes. Visa, Discover, and Mastercard accepted.

Expiration (MM/YY)

Security Code

Located on the back of the card near the signature line.

***All the above fields are required and must be entered**

**Step 6: Please Review
Information and Submit
Your Payment**



Policy Overview	myChoice	Billing & Payment History	Make Payment	Claims	My Profile
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REVIEW PAYMENT INFORMATION

Please review your payment date and amount. If everything is correct, click Submit Payment.

Payment Summary:
 Payment Plan: 30 Day Recurring
 Payment Date: 01/24/2014
 Payment Amount: \$144.10
 The payment amount will be charged to the credit card on file on 01/24/2014 in the amount of \$144.10

Yes I agree to the payment amount and the payment date

Enroll me in automatic bill pay. I authorize Security First to charge the stored credit card for payment of my 30 day recurring installments. This authority will remain in effect until the total premium amount is paid in full or I make other arrangements with Security First.

I acknowledge that any refund will be a pro-rata refund based on the period of time between the effective date of cancellation and the policy effective date excluding fees in accordance with the cancellations provisions in my policy.

**Step 7: Payment
Confirmation**



Policy Overview	myChoice	Billing & Payment History	Make Payment	Claims	My Profile
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THANK YOU

We have successfully charged your credit card in the amount of \$144.10
 Your account will be updated accordingly.
 Your confirmation # is 2209821023