

AFCODIRECT 

Two Conway Park 150 North Field Drive, Suite 190

Lake Forest IL 60045

Return Service Requested

INVOICE ENCLOSED



97

CHARLES HENRY PROPERTIES LLC

ATTN: CLAUDE SIMON

336 E 56TH ST

NEW YORK NY 10022-4145

Choose the option that's right for you!

Pay by mail

Send us your payment in the envelope provided with your monthly billing statement.

Overnight Payments

AFCO Direct
Two Conway Park
150 North Field Drive, Suite 190
Lake Forest, IL 60045

Standard Delivery

AFCO Direct
P.O. Box 660448
Dallas, TX 75266-0448

Pay by Web

Visit www.afcodirect.com and follow the steps to process your payment using a checking account, credit card, or debit card. Have your AFCO Direct login information and your payment information ready. Nominal fees may apply.

Automatic Payments

Choose the option to enroll in automatic payments during the setup process to make your payment recur automatically for complete peace of mind.

Pay by phone

Call 877-226-5456 and an automated attendant will walk you through the payment process. Have your AFCO Direct account number, zip code, and payment information ready. Nominal fees may apply.

To update the address on this account, please complete the form below, or email the updated information to info@afcodirect.com.

CHANGE OF ADDRESS FORM

Loan Number: 1134432

BUSINESS NAME _____

CONTACT NAME _____

NEW ADDRESS

Street _____

City _____ State _____ Zip Code _____

Business Phone (_____) _____

SIGNATURE _____

EMAIL ADDRESS (REQUIRED) _____

NOTICE OF INTENT TO CANCEL INSURANCE

OUR RECORDS INDICATE THAT YOU HAVE FAILED TO MAKE INSTALLMENT PAYMENTS AS SCHEDULED ON THE PREMIUM FINANCE AGREEMENT AND THAT YOU ARE NOW IN DEFAULT. UNLESS YOUR PAYMENT FOR THE INSTALLMENT DUE BELOW IS RECEIVED IN OUR OFFICE ON OR BEFORE 02/15/2026 YOUR INSURANCE POLICY (IES), FINANCED UNDER THE CONTRACT NUMBER SHOWN BELOW, MAY BE CANCELED IN ACCORDANCE WITH THE TERMS OF YOUR CONTRACT AS OF 12:01 A.M. ON THE FOLLOWING DAY. YOU ARE ALSO OBLIGATED TO PAY ALL DELINQUENCY FEES. THIS NOTICE REPLACES ANY PREVIOUS NOTICE OF INTENT TO CANCEL WHICH YOU MAY HAVE RECEIVED FROM AFCO DIRECT, A DIVISION OF AFCO CREDIT/ACCEPTANCE CORP.

MAIL ALL PAYMENTS TO:

AFCO Direct
P.O. Box 660448
Dallas, TX 75266-0448

YOUR AGENT:

Lustgarten Associates, Inc.
375 5th Ave 3rd Fl
New York NY 10016

MAILING DATE	ACCOUNT NUMBER	DELINQUENT INSTALLMENT DUE DATE	INSTALLMENT DUE	DELINQUENCY FEES	TOTAL DUE
02/02/2026	1134432	01/26/2026	\$1,058.38	\$52.92	\$1,111.30

PAYMENT INSTRUCTIONS -

1. DO NOT SEND CASH THROUGH THE MAIL.
2. MAKE ALL CHECKS PAYABLE AND FORWARDED TO AFCO DIRECT (NOT YOUR AGENT).
3. PLEASE WRITE YOUR ACCOUNT NUMBER ON YOUR CHECK.
4. DETACH AND ENCLOSE THE BOTTOM PORTION OF THIS NOTICE WITH YOUR PAYMENT AND SEND TO AFCO AT THE RETURN ADDRESS SHOWN ABOVE.
5. NOTIFY US IMMEDIATELY OF ANY ADDRESS CHANGE BY COMPLETING THE APPROPRIATE AREA ON THE BACK OF THE PAYMENT STUB.
6. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT AFCO DIRECT CUSTOMER SERVICE AT 877-226-5456.

7. IF YOUR INSURANCE POLICY (IES) HAVE BEEN PREVIOUSLY CANCELED AND HAVE NOT BEEN REINSTATED BY THE INSURANCE COMPANY, THIS NOTICE AND ANY SUBSEQUENT NOTICE FROM AFCO DOES NOT MEAN THAT YOUR INSURANCE POLICY (IES) ARE IN EFFECT. UNDER THE INSURANCE PREMIUM FINANCE AGREEMENT SIGNED BY YOU, YOU ARE REQUIRED TO PAY AFCO EVEN THOUGH YOUR INSURANCE MAY BE CANCELED. IF YOU HAVE ANY QUESTIONS ABOUT WHETHER YOUR INSURANCE COVERAGE IS CURRENTLY IN EFFECT, YOU SHOULD CONTACT YOUR INSURANCE AGENT, BROKER, OR CARRIER.
8. YOU MAY SEND YOUR PAYMENT VIA THE OVERNIGHT COURIER OF YOUR CHOICE TO:

AFCO Direct
Two Conway Park 150 North Field Drive, Suite
190
Lake Forest IL 60045

IF THE POLICY REFERRED TO ABOVE PROVIDES MOTOR VEHICLE LIABILITY INSURANCE, SEE THE IMPORTANT NOTICE ON THE REVERSE SIDE.

IF ANY VEHICLE COVERED UNDER THIS POLICY IS A FOR HIRE VEHICLE INSURED UNDER SECTION 370 OF THE NEW YORK VEHICLE AND TRAFFIC LAW, THE FOLLOWING APPLIES: PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED THROUGHOUT THE REGISTRATION PERIOD. IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE CONTINUOUSLY DURING THE REGISTRATION PERIOD, YOUR REGISTRATION WILL BE REVOKED. TO AVOID THIS PENALTY, YOU MUST SURRENDER YOUR REGISTRATION CERTIFICATE AND PLATES BEFORE YOUR INSURANCE EXPIRES. BY LAW, YOUR INSURANCE CARRIER IS REQUIRED TO REPORT SPECIFIC TERMINATION INFORMATION TO THE COMMISSIONER OF MOTOR VEHICLES.

PLEASE DETACH THIS STUB AND RETURN IN THE ENCLOSED ENVELOPE WITH YOUR PAYMENT.

PEP710C2(NY) REV. 04/09

Charles Henry Properties LLC
Attn: Claude Simon
336 East 56 St.
New York NY 10022

Notice Date: 02/02/2026
Loan Number: 1134432
Unpaid Payment Due Date: 01/26/2026
Total Amount Past Due: \$1,111.30
Scheduled Cancelation Date: 02/15/2026

AFCO DIRECT
PO BOX 660448
DALLAS TX 75266-0448

IMPORTANT INSURANCE INFORMATION

IF THE POLICY REFERRED TO IN THIS NOTICE PROVIDES MOTOR VEHICLE LIABILITY INSURANCE, THE FOLLOWING APPLIES -

PROOF OF FINANCIAL SECURITY IS REQUIRED TO BE MAINTAINED CONTINUOUSLY THROUGHOUT THE REGISTRATION PERIOD. IF YOU DO NOT KEEP YOUR INSURANCE IN FORCE DURING THE ENTIRE REGISTRATION PERIOD, YOUR REGISTRATION WILL BE SUBJECT TO SUSPENSION. IF YOUR VEHICLE IS STILL UNINSURED AFTER 90 DAYS, YOUR DRIVER LICENSE WILL BE SUSPENDED. TO AVOID THESE PENALTIES YOU MUST SURRENDER YOUR REGISTRATION CERTIFICATE AND PLATES BEFORE YOUR INSURANCE EXPIRES. BY LAW YOUR INSURANCE CARRIER IS REQUIRED TO REPORT SPECIFIC TERMINATION INFORMATION TO THE COMMISSIONER OF MOTOR VEHICLES.

IF YOU HAVE A LAPSE IN INSURANCE COVERAGE OF 90 DAYS OR LESS, THE LAW PERMITS YOU TO AVOID A SUSPENSION OF YOUR REGISTRATION BY THE PAYMENT OF A CIVIL PENALTY FOR EACH DAY OR ANY PORTION THEREOF UP TO 90 DAYS FOR WHICH YOUR INSURANCE WAS NOT IN EFFECT. THIS CIVIL PENALTY OPTION APPLIES ONLY ONCE DURING ANY 36-MONTH PERIOD. THE CIVIL PENALTIES ARE:

- **1 TO 30 DAY LAPSE - \$8 PER EACH DAY OF LAPSE**
- **31 TO 60 DAY LAPSE - \$240 PLUS \$10 PER DAY FOR DAYS 31-60**
- **61 TO 90 DAY LAPSE - \$540 PLUS \$12 PER DAY FOR DAYS 61-90**