[Insurance Company Name]
[Street Address]
[City, State, Zip Code]
[Phone Number]

[Date]

[Policyholder Name]
[Street Address]
[City, State, Zip Code]

RE: Annual Premium Due Notice

Policy Number: [Policy Number]

Dear [Policyholder Name],

This is a formal reminder that the annual premium for your life insurance policy is due soon. To ensure that your coverage remains active and your beneficiaries remain protected, please submit your payment by the due date listed below.

Payment Summary:

- **Premium Amount Due:** $[Amount]
- **Due Date:** [Date]
- **Policy Type:** [Policy Type, e.g., Term Life]

Payment Methods:

- **Online:** Log in to your account at [Website URL].
- **By Phone:** Call our automated system at [Phone Number].
- **By Mail:** Send a check or money order payable to [Insurance Company Name] using the enclosed envelope.

If you have already made this payment, please disregard this notice. If you have any questions regarding your policy or would like to discuss different payment frequencies, please contact our customer service department.

Thank you for choosing [Insurance Company Name] for your protection needs.

Sincerely,

[Name/Department]
[Insurance Company Name]