

Account Number: _____

Guarantee Trust Life Insurance Company

Credit Insurance Report and Remittance

Remit to:
Guarantee Trust Life Insurance Company
P.O. Box 1147
Glenview, IL 60026

Account Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Report Covering: From _____ To _____

	LIFE	A&H	TOTAL
Gross Premiums	_____	_____	_____
Less Cancellations	_____	_____	_____
Net Premiums	_____	_____	_____
Less Commissions	_____	_____	_____
Life _____ % A&H _____ %	_____	_____	_____
NET AMOUNT DUE GTL	_____	_____	_____
Total Certs Issued _____			
Total Certs Cancelled _____			
			Amount Remitted _____

Remarks _____

Date _____

Prepared By _____