

REPORT AND REMITTANCE FORM

SECTION 1 Accounting Period from ____ / ____ / ____ to ____ / ____ / ____

| Certificates effective Prior to _____ | Life | Disability | TOTALS |
|---|-------------|-------------------|---------------|
| 1. Gross Premiums Written | \$ _____ | \$ _____ | \$ _____ |
| 2. Gross Refunds | \$ _____ | \$ _____ | \$ _____ |
| 3. Adjusted Gross (Net) Premiums (Line 1 minus Line 2) | \$ _____ | \$ _____ | \$ _____ |
| 4. Commission Percentage | _____ % | _____ % | |
| 5. Commission (Line 3 times Line 4) | \$ _____ | \$ _____ | \$ _____ |
| 6. Net Premiums to LOTS (Line 3 minus Line 5) | \$ _____ | \$ _____ | \$ _____ |

SECTION 2

| Certificates effective After _____ | Life | Disability | TOTALS |
|---|-------------|-------------------|---------------|
| 1. Gross Premiums Written | \$ _____ | \$ _____ | \$ _____ |
| 2. Gross Refunds | \$ _____ | \$ _____ | \$ _____ |
| 3. Adjusted Gross (Net) Premiums (Line 1 minus Line 2) | \$ _____ | \$ _____ | \$ _____ |
| 4. Commission Percentage | _____ % | _____ % | |
| 5. Commission (Line 3 times Line 4) | \$ _____ | \$ _____ | \$ _____ |
| 6. Net Premiums to LOTS (Line 3 minus Line 5) | \$ _____ | \$ _____ | \$ _____ |

| | | | |
|--|----------|----------|----------|
| 7. Net Premium to LOTS (Section 1 Line 6 plus Section 2 Line 6) | \$ _____ | \$ _____ | \$ _____ |
|--|----------|----------|----------|

Enclosed is a check (or deposit ticket) for \$ _____. This represents the total amount due as shown above. We hereby warrant that we have included all business written for the period covered by this report.

Make all checks payable to: **LIFE OF THE SOUTH INSURANCE COMPANY**

Account Number : _____

Date: _____

Account Name: _____

Account Address: _____

Prepared by: _____

Title: _____

Complete and mail to:
LIFE OF THE SOUTH SERVICE COMPANY
 CREDIT INSURANCE DEPARTMENT
 100 West Bay Street • P.O. Box 44130
 Jacksonville, Florida 32231-4130

BATCH NUMBER: _____