

Account Number: \_\_\_\_\_

# Guarantee Trust Life Insurance Company

Credit Insurance Report and Remittance

Account Name: \_\_\_\_\_  
Remit to: Guarante Trust Life Insurance Company  
Address: \_\_\_\_\_  
P.O. Box 1147  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Glenview, IL 60025  
Report Covering: From \_\_\_\_\_ To \_\_\_\_\_

|                           | LIFE  | A&H   | TOTAL |
|---------------------------|-------|-------|-------|
| Gross Premiums            | _____ | _____ | _____ |
| Less Cancellations        | _____ | _____ | _____ |
| Net Premiums              | _____ | _____ | _____ |
| Less Commissions          | _____ | _____ | _____ |
| Life _____% A&H _____%    | _____ | _____ | _____ |
| <b>NET AMOUNT DUE GTL</b> | _____ | _____ | _____ |

Total Certs Issued \_\_\_\_\_

Total Certs Cancelled \_\_\_\_\_

Amount Remitted \_\_\_\_\_

Remarks \_\_\_\_\_

Date \_\_\_\_\_

Prepared By \_\_\_\_\_