

# INVESTORS HERITAGE *Life Insurance Company*

P.O. Box 717 Frankfort KY 40602-0717

1-800-422-2011

Fax: 502 875-7084

E-Mail: [Ihlic@ihlic.com](mailto:Ihlic@ihlic.com)

Web Site: [www.investorsheritage.com](http://www.investorsheritage.com)

## REPORT AND REMITTANCE

Prepared by: (Name) \_\_\_\_\_

Account Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Period covered by this report: \_\_\_\_\_ thru \_\_\_\_\_

	Life Insurance	A & H Insurance	Total Insurance
<b>Gross Premiums</b>	\$	\$	\$
<b>Gross Refunds</b>	\$	\$	\$
<b>Net Premiums</b>	\$	\$	\$
<b>Commission</b>	Life _____%	Health _____%	
	\$	\$	\$
			Balance Due Company
	\$	\$	\$

<b>HOME OFFICE USE ONLY</b>	
CREDITOR	CHECK #