



Mountain Life Insurance Company

MONTHLY REPORT

FOR _____ 20____

		LIFE	DISABILITY
1. GROSS PREMIUMS WRITTEN	1	\$ _____	\$ _____
2. GROSS REFUNDS	2	\$ _____	\$ _____
3. ADJUSTMENTS*	3	\$ _____	\$ _____
4. NET PREMIUMS WRITTEN (Line 1 Minus Line 2 Plus or minus Line 3 (Per Instructions))	4	\$ _____	\$ _____
5. COMMISSION PERCENTAGE	5	_____ %	_____ %
6. COMMISSION RETAINED (Line 5 Times Line 4)	6	\$ _____	\$ _____
7. TOTAL NET PREMIUMS TO MOUNTAIN LIFE INSURANCE COMPANY (Line 4 Minus Line 6)	7	\$ _____	\$ _____
8. TOTAL PREMIUMS (Life & Disability)		\$ _____	
PLEASE SEND BY THE 10th OF THE FOLLOWING MONTH TO: MOUNTAIN LIFE INSURANCE COMPANY P.O. Box 240 Alcoa, TN 37701		*ADJUSTMENTS EXPLANATION _____ CREDITOR _____ ADDRESS _____ BY _____	