



# Mountain Life Insurance Company

MONTHLY REPORT

FOR \_\_\_\_\_ 20\_\_\_\_

		ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT
1. GROSS PREMIUMS WRITTEN	1	\$ _____
2. CANCELLATIONS	2	\$ _____
3. ADJUSTMENTS*	3	\$ _____
4. NET PREMIUMS WRITTEN (Line 1 Minus Line 2 Plus or Minus Line 3 (Per Instructions))	4	\$ _____
5. SERVICE ALLOWANCE	5	\$ _____
6. TOTAL PREMIUMS DUE TO MLIC (Line 4 Minus Line 5)	6	\$ _____
PLEASE SEND BY THE <b>10th</b> OF THE FOLLOWING MONTH TO:  <b>MOUNTAIN LIFE INSURANCE COMPANY</b> <b>P.O. Box 240</b> <b>Alcoa, TN 37701</b>		*ADJUSTMENTS EXPLANATION _____ CREDITOR _____ ADDRESS _____ BY _____