



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