REPORT AND REMITTANCE

MONTH YEAR REPORTED

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P. O. Box 6018, Ridgeland, MS 39158	: Central Insurance Services, Inc.

Disability []3R []30R									
)	CREDI	CREDIT LIFE		A	В	FIRE/I	FIRE/HOUSEHOLD	C
20	SINGLE	JOINT REDUCING	SINGLE	LEVEL	TOTAL	TOTAL DISABILITY	SINGLE	GOODS DUAL	FIRE/HOUSEHOL TOTAL
 Number of New Policies in this Report 									
2. Number of Cancels in this Report									
3. New Premiums Collected									
4. Less Refunds (cancellations)									
5. Net Premiums (#1 - #2)									
ation	\$	\$	\$ %	\$ %	\$	\$	\$	\$ 000	(
7. Net Remittance (#3 · #4)	\$	49	ઝ	\$	\$	G .	€	\$	₩.
	NONFILE	2	UNEMPLOYMENT	4 AD&D	5 OTHER	COMBINED COVERAGE		Starting Inforce	
1. Number of New Policies in this Report							n m lo	Cancels Expired	
2. Number of Cancels in this Report	And the state of t		THE VIEW CONTRACTOR OF			of the contract of the second contract of the		FIGURE BUILDING	And the second s
3 New Premiums Collected				144				FOR ASSURANT USE ONLY DO NOT USE SHADED AREA	HADED AREA
i. Less Refunds (cancellations)								(i)	
5. Net Premiums (#1 - #2)									Variety (A.) Company and Company (A.) Compan
6. Less Compensation	(\$ %	\$ %	\$	%	()		NOTE: THIS BEDORT MILST RE	ORT MILET RE
7. Net Remittance (#3 - #4)	↔	€	₩	€	€	₩		RECEIVED AT THE ASSURANT SOLUTIONS OFFICE BY THE 15TH TO	HE ASSURANT E BY THE 15TH TO
NAME OF AGENCY (ACCOUNT)	minimal and minimal community of the com	Andrew Common to the property of the second common to the second common		CHECK A	MOUNT ENCLOSED (PAY	CHECK AMOUNT ENCLOSED (PAYABLE TO ASSUBANT SOLUTIONS)	NS.	DE FROCESSED INAL MONIN	NON INC.
ADDRESS				LICENSE	LICENSED AGENT NAME	and the state of t			
CITY/STATE/ZIP				PRODUCI	PRODUCER NUMBER				
TELEPHONE NUMBER							the state of the s		
DATE PREPARED PREPARER	on the second se						Si	Stock #	