



ASSURANT Solutions

Send to: Central Insurance Services, Inc.
P. O. Box 60718, Ridgeland, MS 39158

REPORT AND REMITTANCE

MONTH/YEAR REPORTED

Disability 3R 30R

7R 30E

14R

	CREDIT LIFE					A TOTAL LIFE	B TOTAL DISABILITY	FIRE/HOUSEHOLD GOODS		C FIRE/HOUSEHOLD TOTAL
	SINGLE REDUCING	JOINT REDUCING	SINGLE LEVEL	JOINT LEVEL	OTHER			SINGLE	DUAL	
1. 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)										
6. Less Compensation										
7. Net Remittance (#3 - #4)										
	1 NONFILE	2 AUTO	3 UNEMPLOYMENT (IU)	4 AD&D	5 OTHER		COMBINED COVERAGE TOTALS			
1. 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)										
6. Less Compensation										
7. Net Remittance (#3 - #4)										

NAME OF AGENCY (ACCOUNT)

ADDRESS

CITY/STATE/ZIP

TELEPHONE NUMBER

DATE PREPARED

PREPARER

CHECK AMOUNT ENCLOSED (PAYABLE TO ASSURANT SOLUTIONS)

LICENSED AGENT NAME

PRODUCER NUMBER

Starting Inforce
New Issues
Cancels
Expired
Ending Inforce

FOR ASSURANT USE ONLY
DO NOT USE SHADED AREA

PRODUCER

NOTE: THIS REPORT MUST BE RECEIVED AT THE ASSURANT SOLUTIONS OFFICE BY THE 15TH TO BE PROCESSED THAT MONTH.

Stock # 1138M 0205