

**REPORT & REMITTANCE**

**MAIL TO:**

**ARKANSAS BANKERS LIFE INSURANCE CO.  
TEXARKANA, AR 71854**

**Arkansas Bankers Life Insurance Co.**  
3616 Jefferson  
Texarkana, AR 71854

I.D. NUMBER \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ending Date of Report Period

Month: \_\_\_\_\_ Year: \_\_\_\_\_

|                                                      | <b>LIFE</b> | <b>A &amp; H</b> |  |  |
|------------------------------------------------------|-------------|------------------|--|--|
| 1. Number of Policies Issued                         |             |                  |  |  |
| 2. Number of Premiums Returned                       |             |                  |  |  |
| 3. Amount of Life Insurance                          |             |                  |  |  |
| 4. A. Gross Premium (Attach Adding Machine Tapes)    |             |                  |  |  |
| B. Gross Premiums Returned on Policies Cancelled     |             |                  |  |  |
| (4A. - 4B.)<br>C. Net Premium                        |             |                  |  |  |
| (4C. x 40%)<br>D. Less Commission                    |             |                  |  |  |
| 5. A. Amount Due Company<br>(4C. - 4D.)              |             |                  |  |  |
| <b>TOTAL \$</b>                                      |             |                  |  |  |
| B. Amount of Adjustments<br>(List Below*)<br>\$      |             |                  |  |  |
| C. Amount Due After<br>Adjustments (5A. & 5B.)<br>\$ |             |                  |  |  |

\*Adjustment List:

Signature/ \_\_\_\_\_ Title/ \_\_\_\_\_ Date \_\_\_\_\_

- Enclosures  
 Check  
 Deposit Slip

Forward WHITE & PINK copy to Arkansas Bankers Life Insurance Co.  
RETAIN - Yellow