

INVESTORS HERITAGE *Life Insurance Company*

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1-800-422-2011

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E-Mail: Ihlic@ihlic.com

Web Site: www.investorsheritage.com

REPORT AND REMITTANCE

Prepared by: (Name) _____

Account Name: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

Street Address: _____

City, State, Zip Code: _____

Period covered by this report: _____ thru _____

	Life Insurance	A & H Insurance	Total Insurance
Gross Premiums	\$	\$	\$
Gross Refunds	\$	\$	\$
Net Premiums	\$	\$	\$
Commission	Life _____%	Health _____%	
	\$	\$	\$
			Balance Due Company
	\$	\$	\$

HOME OFFICE USE ONLY	
CREDITOR	CHECK #