



Life Assurance  
Company, Inc.

P.O. Box 20667  
Oklahoma City, OK 73156

# MONTHLY PREMIUM REPORT AND REMITTANCE ADVICE

REPORTING PERIOD ENDING DATE

Month / Day / Year

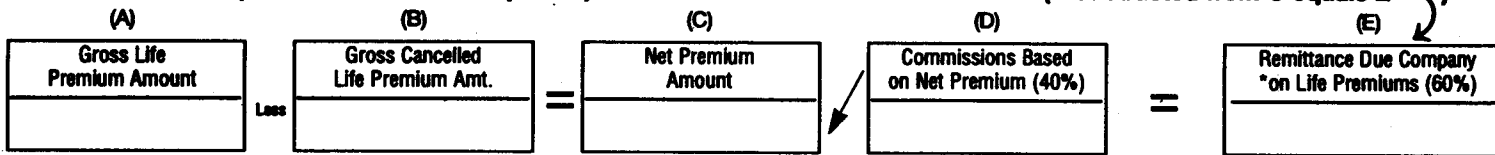
FROM: Agency # \_\_\_\_\_ Batch \_\_\_\_\_

NAME \_\_\_\_\_

### CREDIT LIFE INSURANCE

(B subtracted from A equals C)

(D subtracted from C equals E)



### ACCIDENT AND HEALTH INSURANCE

(B subtracted from A equals C)

(D subtracted from C equals E)

