



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

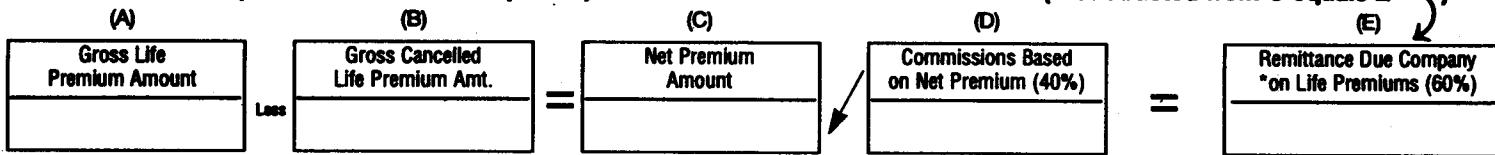
FROM: Agency # _____ Batch _____

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)

